



# ENVISION

## FY12 PY1 Semiannual Report

Q3-Q4, April 1 – September 30, 2012

# ENVISION PROGRAM OVERVIEW

ENVISION is a five-year project funded by the U.S. Agency for International Development (USAID) aimed at providing assistance to national neglected tropical disease (NTD) control programs for the control and elimination of seven targeted NTDs: lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminths (roundworm, hookworm, whipworm) and trachoma. ENVISION will contribute to the global goal of reducing the burden of these targeted NTDs so that they are no longer a public health problem.

To this end, ENVISION will focus on the following intermediate result (IR) areas:

IR1: Increased MDA coverage among at-risk populations in endemic communities

IR2: Improved evidence-base for action to control and eliminate targeted NTDs

IR3: Strengthened environment for implementation of national integrated NTD control and elimination programs

ENVISION is implemented by RTI International in partnership with CBM International, The Carter Center, Helen Keller International, IMA World Health, Tulane University, Sightsavers International, and World Vision. The period of performance for ENVISION is September 30, 2011 through September 29, 2016.



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RTI International is a trade name of Research Triangle Institute.

# ENVISION

## FY12 PY1 Semiannual Report

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## LIST OF ACRONYMS

ALB	Albendazole
AOTR	Agreement Officer's Technical Representative
APOC	African Programme for Onchocerciasis Control
CDC	United States Centers for Disease Control
CDD	Community Drug Distributor
CIFF	Children's Investment Fund Foundation
CNTD	Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine
DEC	Diethylcarbamazine
DfID	Department for International Development, United Kingdom
DSA	Disease Specific Assessment
FOG	Fixed Obligation Grant
HKI	Helen Keller International
ICT	Immunochromotographic card tests
ICTC	International Coalition for Trachoma Control
IEC	Information, Education, and Communication
IMA	IMA World Health
ITI	International Trachoma Initiative
IVM	Ivermectin
LF	Lymphatic Filariasis
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NG(D)O	Non-Governmental (Development) Organization
NTD	Neglected Tropical Disease
NTDCP	Neglected Tropical Disease Control Program
OV	Onchocerciasis
PAHO	Pan American Health Organization
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
PMP	Program Management Plan
PZQ	Praziquantel
RPRG	Regional Program Review Group
SAC	School-aged Children
SAE	Severe Adverse Event
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative, Imperial College, London
SCORE	Schistosomiasis Consortium for Operational Research and Evaluation
STAG	Strategic and Technical Advisory Group
STH	Soil-Transmitted Helminths
TAF	Technical Assistance Facility
TAS	Transmission Assessment Survey
TCC	The Carter Center
TEO	Tetracycline eye ointment
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TOT	Training of Trainers
USAID	United States Agency for International Development
WG-CS	Working Group for Capacity Strengthening
WHO	World Health Organization

## EXECUTIVE SUMMARY

During this first reporting year for ENVISION, continuity of program activities was ensured in the eight countries transferring to ENVISION from the previous USAID Neglected Tropical Disease Control Program: Cameroon, Guinea, Haiti, Indonesia, Mali, Nepal, Tanzania, and Uganda. ENVISION undertook initial start-up work in Mozambique, Senegal, and Benin, coordinating with their respective ministries of health and in-country stakeholders to identify the key needs that ENVISION could address. ENVISION engaged with its official project partners to assess capabilities in potential new countries for support and oriented them to the ENVISION working model. Procurement of NTD medicines and diagnostics experienced a smooth transition from NTDCP to ensure uninterrupted supply of needed commodities to national programs.

ENVISION continued its engagement with WHO as a global technical leader, assisting in the development of policies based on its programmatic experience and knowledge. Capacity strengthening was identified as an essential need for national programs and ENVISION began to define its role in supporting WHO in this initiative. Program communications were assessed by reaching out to ENVISION partners and stakeholders; the ensuing communications strategy provided a strategic vision for ENVISION communications activities this year and will continue to guide our efforts through the life of the project.

To date, 27,826,949 persons were reported to be treated during the first year of ENVISION and 53,074,246 treatments were distributed. ENVISION supported the mapping of 221 geographical areas in its countries in order to have a better understanding of disease burden and to plan for interventions in coming years. M&E tools were developed for all of USAID's NTD programs and an integrated database was developed.



# PROJECT OVERVIEW

The World Health Organization (WHO) has produced overwhelming evidence to show that the burden caused by many of the 17 neglected tropical diseases (NTD) that affect more than 1 billion people worldwide can be effectively controlled and, in many cases, eliminated or even eradicated. WHO recommends five strategies for the prevention, control, elimination and eradication of NTDs:

1. **Preventive chemotherapy (PCT):** large-scale use of safe, single-dose medicines against lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH), soil transmitted helminths (STH) and trachoma.  
Implementation of PCT interventions with high coverage will ensure that by 2020 the WHO goals for the targeted helminthic diseases are reached.  
Elimination of blinding trachoma through the SAFE strategy (surgery, antibiotic distribution, hygiene and environmental management) can be accentuated through integration with interventions like PCT.
2. **Intensified disease management:** targeting complex protozoan and bacterial diseases, such as human African trypanosomiasis, leishmaniasis, Chagas disease and Buruli ulcer.
3. **Vector and intermediate host control:** cross-cutting activity enhancing the impact of preventive chemotherapy and intensified disease management.
4. **Veterinary public health at the human–animal interface:** addressing NTDs caused by agents originating from or involving vertebrate animals in their life-cycles.
5. **Provision of safe water, sanitation and hygiene:** United Nations statistics show that 900 million people lack access to safe drinking-water, and 2500 million live without appropriate sanitation. Until this situation improves, many NTDs and other communicable diseases will not be eliminated, and certainly not eradicated<sup>1</sup>.

*“Efforts to combat the neglected tropical diseases reached a turning point in 2007, when WHO convened the first meeting of global partners.*

*That meeting produced a shared commitment to support WHO strategies and goals by working together in an innovative, flexible and cost-effective way.*

*The result has been streamlined and integrated approaches have yielded significant gains for public health”.*

- Dr Margaret Chan,  
Director General  
World Health Organization

The **U.S. Agency for International Development’s ENVISION project (2011-2016)** is designed to support the vision of WHO and its member states by targeting resources for the control and elimination of 7 NTDs (lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminths and trachoma) and will support interventions including preventive chemotherapy, monitoring and evaluation, limited morbidity management, and health education.

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<sup>1</sup> Accelerating work to overcome the global impact of neglected tropical diseases – A roadmap for implementation. World Health Organization. 2012



Specifically, ENVISION will work towards achieving the following three intermediate results areas:

- IR1: Increased coverage among at-risk populations in endemic communities with mass drug administration (MDA)
- IR2: Improved evidence-base for action to control and eliminate targeted NTDs
- IR3: Strengthened environment for implementation of national integrated NTD control and elimination programs

Consequently, ENVISION contributes to several activity areas for the control and elimination of the 7 targeted NTDs, including support for:

- NTD program implementation led by Ministries of Health,
- Drug and diagnostics procurement where donation programs are unavailable,
- Capacity building, in coordination with WHO, USAID and global partners,
- Management and implementation of the Technical Assistance Facility (TAF),
- Disease mapping, in coordination with WHO, USAID and global partners,
- NTD policy development, in coordination with WHO, USAID and global partners, and
- NTD monitoring and evaluation, in coordination with WHO, USAID and global partners.

This report summarizes activities completed by the ENVISION project during the April – September 2012 reporting period.

## PROGRAM MANAGEMENT

### ENVISION PARTNER COORDINATION

ENVISION is implemented by RTI International in partnership with CBM International, The Carter Center (TCC), Helen Keller International (HKI), IMA World Health (IMA), Sightsavers International (SSI), Tulane University, and World Vision (WV). During this semiannual period, ENVISION staff finalized sub-agreements with these organizations, defining possible scopes of work and providing guidance on partnership under ENVISION. No new partners were added during this time period. A quarterly ENVISION partners' teleconference was held on April 18th, with participation from all ENVISION sub recipients. Topics of discussion included program communications (strategy, website, logos, etc.), introduction of the TAF and the capacity building initiative, and operations and staffing updates. ENVISION hosted a special meeting with HKI and USAID to discuss the suspension of USAID funding for NTDs in Mali and how to advocate for continuation of NTD activities with support from other partners. ENVISION also coordinated individual meetings with other NTD stakeholders, including END Fund/Geneva Global, TOMS, and the Bill & Melinda Gates Foundation.

## STAFFING

In response to the expanded scope and expected geographic expansion of the project (adding an additional 5 countries in Year 2), ENVISION has developed a senior management team. This team is comprised of Eric Ottesen (Project Director), Lisa Rotondo (Deputy Technical Director), Amy Doherty (Deputy Director Operations), and Achille Kabore (Senior NTD Advisor). Eric Ottesen provides overall strategic direction to the project as well as global technical leadership and policy development. Lisa Rotondo has responsibility for oversight of country program implementation, project communications, program development, and completion of project deliverables and reports. Amy Doherty heads up the Capacity Building Initiative and leads the Project Finance and Operations team managing sub-awards, consultancy contracts, commodity procurement, and financial management. Achille Kabore manages the TAF and provides oversight to project Monitoring and Evaluation, and Indonesia program implementation.

During this reporting period, we recruited four new NTD Advisors (Molly Brady, Daniel Cohn, Scott McPherson, and Jean Jacques Tougoue), and a Financial Analyst (Cindy Massey) to support ENVISION's geographical and technical expansion. Margaret Davide-Smith was promoted to Senior Awards Manager, taking on additional supervisory and management responsibilities. Hannah Frawley was promoted to Program Associate, supporting both M&E (primarily TIPAC) and Communications activities, and Katie Crowley was identified as focal point for ENVISION procurement of medicines and diagnostics.

The staffing for RTI, HKI and IMA country offices for ENVISION is provided in Appendix A.

## COORDINATION WITH USAID

ENVISION emphasizes close coordination with USAID, both at the headquarters level as well as with USAID missions in ENVISION countries. Because of ENVISION's leadership in data management, procurement and technical assistance for USAID-funded NTD projects, coordination with other USAID NTD partners (FHI 360 and APOC) is critical. ENVISION works closely with USAID to ensure complementarity of USAID support in countries also benefiting from DfID support for NTDs.

During this reporting period, ENVISION carried out biweekly management meetings with USAID during which the main project areas were discussed, including TAF requests, global policy issues, oversight for program implementation, procurement, and advocacy. Special ad hoc meetings were planned for briefing on technical issues such as the new M&E workbooks and mobile technology developments in NTDs. With USAID we planned the set-up of ENVISION support in new countries (Mozambique, Benin, and Senegal) and discussed additional geographic expansion, considering where USAID support could be best targeted and most useful. Also during this period, it was determined that ENVISION should plan for enhanced support for capacity building and disease mapping, both in coordination with global WHO initiatives on these topics (see below for more). ENVISION staff traveled with USAID DC staff to several ENVISION countries, including Senegal, Mozambique, and Tanzania, and liaised with USAID country missions while in country. ENVISION kept USAID DC regularly apprised of country activities and progress, seeking input and direction where needed. ENVISION worked closely with USAID to plan and execute the September 19<sup>th</sup> advocacy event on Capitol Hill, liaising with communications and protocol teams, partners, and major stakeholders. USAID and ENVISION focal points for countries are provided in Table 2.

**Table 1. ENVISION Project Focal Points by Country**

Country	USAID NTD Team Focal Point	ENVISION Technical Focal Point	ENVISION Operations Focal Point
Benin	Marci Van Dyke	Jean Jacques Tougoue	Cheri Brown
Cameroon	Emily Hillman	Jean Jacques Tougoue	Ruth Yohannes
Guinea	Ploi Swatdisuk	Jean Jacques Tougoue	Ruth Yohannes
Haiti	Emily Hillman	Katie Crowley	Margaret Davide-Smith
Indonesia	Marci Van Dyke	Molly Brady	Ruth Yohannes
Mali	Angela Weaver Ploi Swatdisuk	Philip Downs	Ruth Yohannes
Mozambique	Angela Weaver	Philip Downs	Ruth Yohannes
Nepal	Angela Weaver	Katie Crowley	Margaret Davide-Smith
Senegal	Emily Wainwright Ploi Swatdisuk	Daniel Cohn	Cheri Brown
Tanzania	Angela Weaver	Katie Crowley	Margaret Davide-Smith
Uganda	Angela Weaver	Philip Downs	Margaret Davide-Smith

## PROGRAM COMMUNICATIONS

### ENHANCING THE ENVISION BRAND – MATERIALS DEVELOPMENT

Substantial progress was made in establishing the ENVISION brand. The Communications Strategy was drafted and submitted to USAID in June 2012. Additionally, we worked with our design contractor Step Films & Media, LLC to develop the color palette, design and templates for the ENVISION Work plan, Semiannual Report, and PowerPoint presentations. These resources will be shared with the wider ENVISION team as part of the ENVISION Partners Meeting in January 2013.

Two-sided ENVISION business cards (ENVISION on one side and RTI on the reverse) were printed for all headquarters RTI ENVISION staff, including French language cards where appropriate. Design templates were shared with RTI country offices for local printing. We are working with HKI and IMA to arrange for their country staff working on ENVISION to carry co-branded (ENVISION and employing institution) business cards to promote consistent ENVISION branding and identity across all ENVISION country programs.

### INTEGRATED PROJECT AND M&E WEB SITE

We successfully awarded a contract for the Program website ([www.NTDenvision.org](http://www.NTDenvision.org)) to Step Films & Media, LLC, a small woman-owned business based in Washington, D.C. in August 2012. Working closely with their development team, we identified priorities for the website and agreed upon the general layout for content. The majority of the site will be available in both English and French. A mock-up of the home page is provided in Figure 1.

**Figure 1: ENVISION Home Page**



Access to the login page for USAID's NTD Database, managed by ENVISION, is provided on all pages in the site in the upper left-hand corner. The soft launch is scheduled for mid-November. The site will go live in December 2012.

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## SUPPORT FOR SEPT 19 EVENT ON CAPITOL HILL

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The ENVISION project staff worked in coordination with RTI International to support an event on Capitol Hill on September 19 to celebrate the global partnership in the fight against NTDs, recognizing the key importance of past and future support through USAID's NTD Control Program, ENVISION and other mechanisms. The event was organized by the USAID NTD Program and the USAID Global Health bureau Communications Office. More than 130 representatives from USAID, nongovernmental organizations, academic institutions and global health and civil society organizations attended the event.

Dr. Rajiv Shah, Administrator, USAID served as official host. Dr. Caroline Harper, OBE, Chief Executive of Sightsavers served as moderator. Speakers included Dr. Ariel Pablos-Mendez, Assistant Administrator for USAID's Global Health Bureau, Dr. Lorenzo Savioli, Director, Department of Control of NTDs at WHO, Senator Patrick Leahy (VT), Senator Chris Coons (DE), Representative Jeff Fortenberry (NE) and co-Chair of the Malaria and NTD Caucus and Representative Sanford Bishop, Jr. (GA). Senator Coons, co-Chair for the Senate Malaria Working Group announced that the Working Group would be expanded to become the Senate Caucus on Malaria and Neglected Tropical Diseases.

NTD Champion Awards were presented to Dr. Nana Biritwum, National NTD Coordinator, Ghana Health Services, Dr. Mwele Malecela, Director General of National Institute for Medical Research, Tanzania and Dr. Uche Amazigo, retired Director of the African Programme for Onchocerciasis Control. A Lifetime NTD Champion Award was presented to Dr. Adetokunbo "Ade" Lucas, Founding Director of WHO's Special Program for Research, Training in Tropical Diseases.

The communications team worked with USAID to design and produce five 7 ft. banners for the event which are being used for events and conferences over the life of the project.

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## ASTMH ABSTRACTS

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A number of ENVISION abstracts were developed and accepted for presentation at the Annual Meeting for the American Society for Tropical Medicine and Hygiene (ASTMH) to be held in November 2012 in Atlanta, GA.

1. *The Development of MDA as a Global Health Strategy*, oral presentation by E. Ottesen, RTI
2. *Overcoming the Challenge of the Severe Adverse Reactions in PCT Programs* symposium organized by A. Kabore, RTI
3. *Predictive Mapping vs. Empiric Assessments of Schistosomiasis*, oral presentation by A. Kabore and P. Downs, RTI
4. *The role of public-private partnerships in increasing the impact of Neglected Tropical Diseases control in Haitian schools*, poster presentation by A. Direny, IMA.
5. *Improving Neglected Tropical Disease (NTD) control outcomes through north-south global health partnerships*, poster presentation by D. Damas, IMA.

6. *Strategies to mobilize community incentives for community drug distributors in Cameroon*, poster presentation by GM Behalal, Cameroon Ministry of Health.
7. *Is there blinding onchocerciasis in Uganda? Evidence from Pader District in Northern Uganda*, presentation by Dr. Watmon Benedicto, Gulu Regional Referral Hospital in Uganda.
8. *The benefits of using mobile phones in monitoring health interventions: The perspective from the Neglected Tropical Disease Control Program in Tanzania*, poster presentation

## ENVISION IN THE PRESS

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**Trachoma in Nepal.** Reporter Amy Yee published an article entitled *Nepal sees end in sight for trachoma* in the June 23, 2012 issue of *The Lancet*. The story detailed Nepal's progress against trachoma, on track to eliminate the eye disease by 2014. Dr. Dharmpal Prasad Raman, Resident Program Advisor for RTI and ENVISION in Nepal, was interviewed as part of the story.

**LF in Haiti.** On September 30, 2012, *The Washington Post* featured a story on Haiti entitled, *Haiti takes on dreaded disease elephantiasis one mouth at a time*. The article highlights the work being done to eliminate LF in Haiti by 2020. In preparing the story, the journalist, David Brown, visited the Haiti NTD Control Program. Dr. Abdel Direny, IMA Country Director providing leadership for ENVISION-supported activities in Haiti was interviewed for the story and actually accompanied Mr. Brown to witness an MDA in progress in Jacmel.

**NTDs in Uganda.** As a result of an ENVISION-supported media training in Uganda (detailed in the Uganda Activity Progress Report), there were at least 15 stories on NTDs in the Ugandan press during the month of September highlighting the overall problem in Uganda, government efforts to control NTDs, and NTD morbidities like hydrocele. Video footage of a story aired on September 10 by NBS TV in Uganda will be available on the ENVISION website Uganda country page.

# REDUCING THE GLOBAL BURDEN OF NTDS

## SUPPORT FOR PROGRAM IMPLEMENTATION

During this reporting period, ENVISION provided program implementation support to 10 countries – 8 countries transitioned from USAID NTD Control Program support (Cameroon, Guinea, Haiti, Indonesia, Mali, Nepal, Tanzania, and Uganda) and 2 new countries (Senegal and Mozambique) (Table 3). ENVISION staff also made an initial visit to Benin to assess NTD program support needs.

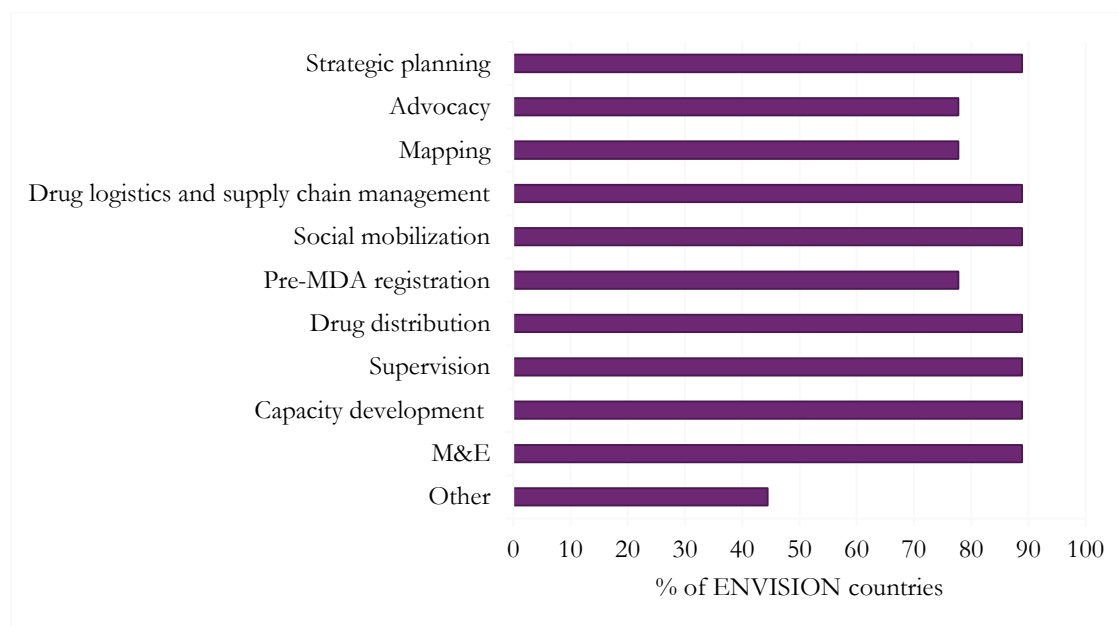
The type of activities ENVISION supported varied based on the country context and need; nearly all countries received support for strategic planning, capacity development, drug logistics and supply chain management, MDA, supportive supervision, and M&E, as can be seen in Figure 1. In addition, ENVISION supported advocacy, mapping, pre-MDA registration and other activities according to each country's implementation strategy and needs.

**Table 2. ENVISION Partner Support by Country in Year 1**

Country	ENVISION Partner
Cameroon	HKI
Guinea	HKI
Haiti	IMA
Indonesia	RTI
Mali	HKI
Mozambique	RTI, SSI
Nepal	RTI
Senegal	RTI, USAID/Senegal bilateral
Tanzania	IMA
Uganda	RTI

**Important Note:** Due to the annual program implementation cycle, all NTD program and epidemiological data in this report are presented within the context of the full program year in order to provide a more meaningful picture of outputs and impact of ENVISION-supported activities in FY12.

**Figure 1. ENVISION-supported NTD Activities in Year 1**



Seven countries implemented MDA with ENVISION support during Year 1: Cameroon, Guinea, Haiti, Indonesia, Nepal, Tanzania, and Uganda. Treatment data are still being compiled in the majority of countries, and will be finalized once data submission is complete. Results to date indicate that ENVISION supported the delivery of 53,074,246 million treatments to 27,826,949 people in 467 districts (Table 3). Program coverage exceeded the 80% target for the majority of diseases.

**Table 3. Districts Treated, Persons Treated and Treatments Delivered with USAID Support**

Country	# Districts Treated	# Persons Treated with USAID Support	# Treatments Provided with USAID Support	Program Coverage % (Range)
Cameroon*	180	2,740,962	4,517,983	75-96%
Guinea*	10	691,654	1,383,308	91%
Haiti	106	4,820,304	9,640,608	89%
Indonesia*	6	1,699,124	3,314,984	80%
Mali	0	0	0	N/A
Mozambique	0	0	0	N/A
Nepal	46	13,570,103	27,719,562	73-74%
Tanzania*	52	*	*	*
Uganda*	67	4,304,802	6,497,801	36->100%**
<b>ENVISION Total</b>	<b>467</b>	<b>27,826,949</b>	<b>53,074,246</b>	

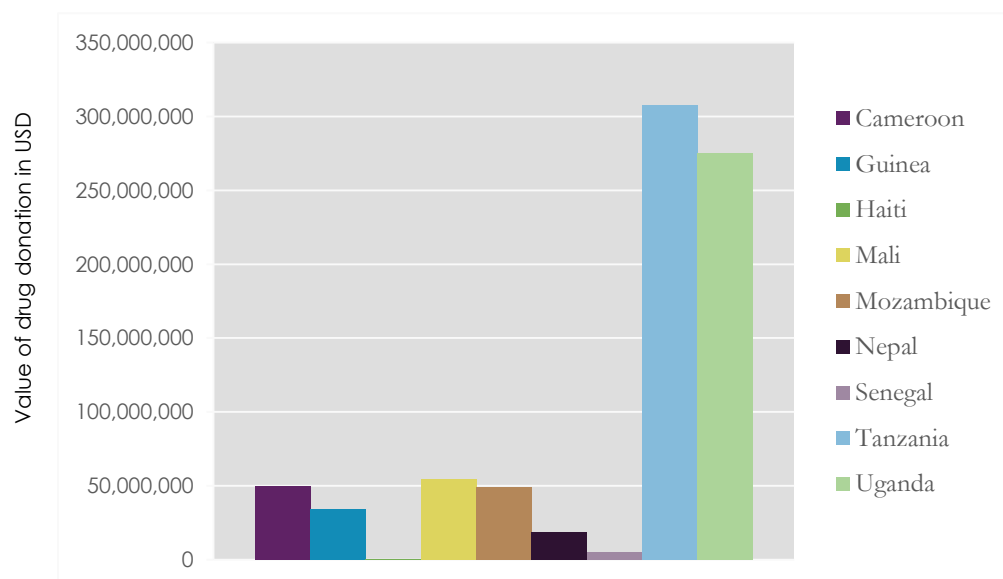
\*Treatment data are still being compiled.

\*\*The denominator is the total eligible population targeted, which is sometimes subject to underestimates that can result in coverage calculations to exceed 100%.

Adequate numbers of high-quality drugs are a crucial requirement for effective MDA; global drug donations, complemented by donations by other partners, allow governments to allocate their limited resources to other necessary inputs. During Year 1, nearly \$800,000,000 worth of donated drugs was delivered to ENVISION countries (Figure 2).

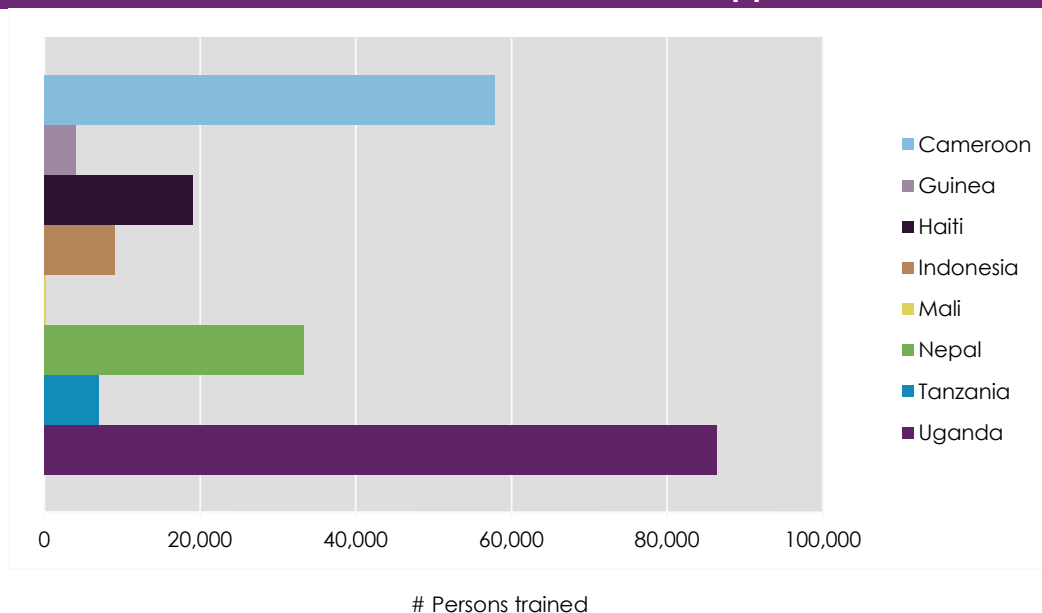


**Figure 2. Donated Drugs Delivered to ENVISION Countries in Year 1**



ENVISION supported training of 216,916 individuals for country-level implementation of NTD activities in Year 1 (Figure 3). The vast majority (182,127) of these were community volunteers and teachers trained to administer drugs to eligible individuals.

**Figure 3. Number of Persons Trained with ENVISION Support**



## FIXED OBLIGATION GRANTS

RTI and its ENVISION partners use fixed obligation grants (FOG) to host government Ministries of Health (MOH) and/or Education (MOE) to support the elimination and control of NTDs. FOGs may be issued to national, regional or district entities within ENVISION focus countries for strategic planning and advocacy, mapping, training, IEC/social mobilization, drug delivery, registration, drug distribution, supportive

supervision, or M&E. They are designed to encourage collaboration with government counterparts at varying levels to achieve targeted results. In Q3-Q4, RTI and its partners worked to develop mechanisms for FOGs that will be issued in Year 2.

## PROCUREMENT OF NTD MEDICINES AND DIAGNOSTICS

During the second half of Year 1, the ENVISION project procured DEC and praziquantel (PZQ) for countries under the ENVISION and END in Africa projects. In addition, PZQ was procured for use by the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE) Project in Mozambique, funded through the Bill and Melinda Gates Foundation.

<b>Table 4. Procurements supported by ENVISION in Year 1, by Country</b>			
<b>Country</b>	<b>Project</b>	<b>Tablets procured PZQ</b>	<b>Tablets procured DEC</b>
Burkina Faso	END in Africa	10,752,000	
Ghana	END in Africa	13,794,000	
Guinea	ENVISION	10,441,000	
Haiti	ENVISION		16,912,000
Haiti	ENVISION		16,455,000
Mozambique	SCORE project	399,000	
Niger	END in Africa	4,577,500	
Niger	SCORE Project	777,000	
Sierra Leone	END in Africa	4,054,500	
Tanzania	ENVISION	6,458,000	
Togo	END in Africa	5,542,000	
Uganda	ENVISION	6,000,000	
<b>TOTAL</b>		<b>62,795,000</b>	<b>33,637,000</b>

The project also requested applications for PZQ from END in Asia and the SCORE Project for use in Niger and Tanzania. These procurements will be finalized in Year 2.

During Q3-Q4, ENVISION began preparing for tetracycline eye ointment (TEO), ICT card, and Kato Katz kit procurement. Applications for the three commodities were submitted by country programs and the ENVISION commodity review team is currently conducting a technical review of the quantities requested relative to treatment and surveillance plans. Once the forecast is finalized, these commodities will be procured through the RTI procurement office and ENVISION will communicate these to the country programs.

## TECHNICAL ASSISTANCE FACILITY

RTI worked to develop the structure of the TAF, refining the way it will be implemented and what kinds of requests it should respond to, in order to ensure the best use of critical resources and support USAID objectives for NTD control and elimination. Achille Kabore accepted to serve as TAF Coordinator and is working with Eric Ottesen and Lisa Rotondo to provide technical review of all requests. RTI will be responsible for certifying that all activities funded are in line with WHO-recommended guidelines.

The ENVISION team has developed templates for TAF requests and reports. A budget template was also developed to capture key elements of the TAF costs including cost share. The team started developing tools to streamline requests and TAF assessment and improve the processing and procedures. A database is under development to collate, store, and update TAF information on a routine basis. The database will serve as a platform for information sharing with USAID. There is clear demand for assistance provided through the TAF—in Q3-Q4, ENVISION began evaluating and responding to requests from Burkina Faso, Cambodia, Laos, Namibia, Tanzania, Togo, and Vietnam.

**Table 5. TAF supported Activities in Year 1, Q3-Q4, by Country**

Country	Activity Request	TAF Consultant	Status
Burkina Faso	TA to review the schistosomiasis control program through a 2-day expert panel meeting in Ouagadougou.	24 experts	Completed. Report being translated from French.
Burkina Faso	TA for trachoma surveillance	TBD	Under review, consulting with WHO
Cambodia	TA to operationalize trachoma survey recommendations	TBD	In process
Laos	Situation analysis for NTDs	Dr Kapa Ramaiah	Complete. Report being prepared.
Laos	TA to operationalize trachoma survey recommendations	TDB	In process
Namibia	Schistosomiasis mapping	TDB	Under review
Tanzania	Trachoma training and survey design	Dr Ngondi Jeremiah	Completed. Report being finalized.
Togo	TA to national NTD program and HDI to develop a protocol for post-MDA coverage survey	Dr Boatfin Boakye	Ongoing.
Philippines	Situation analysis of NTDs	Dr Kapa Ramaiah	Postponed by MoH until March-April 2013.
Uganda	Rapid assessment of LF morbidity situation and training on morbidity control		Postponed. Awaiting guidance from USAID.
Vietnam	TA to operationalize trachoma survey recommendations	TBD	In process

## GLOBAL MAPPING INITIATIVE

Mapping disease distribution is essential for all NTD programs because it provides the data needed to understand each country's NTD situation and to guide decision making on program implementation and the prioritization of treatment distribution. Indeed, for all of the ENVISION countries, disease mapping has been an integral component of the implementation work plans and activities. During the past year mapping has continued in all of the ENVISION-supported countries where it has been needed and it has been almost completed for all the targeted NTDs in all but the newest of the ENVISION countries.

In addition, an expanded commitment to mapping the NTDs was made by ENVISION through the agreement among USAID, DfID and WHO that created an informal but determined Global Mapping Initiative with the goal of mapping the 7 targeted NTDs (LF, oncho, STH, SCH and trachoma) in all endemic countries within the next three years. A major driver in establishing this partnership was the 2012 award by DfID of \$16.4 million to complete global mapping for trachoma, with overall management responsibilities falling to Sightsavers, which is also an ENVISION partner. To capitalize on this commitment to assure the mapping of *all* NTDs, ENVISION, on behalf of USAID, participated in the first mapping coordination

meetings with WHO, DfID and other partners held in London and Geneva in August, and since then, ENVISION has committed its time and resources both for expanding these mapping activities in the Africa region and for helping to assure responsible and efficient management of the data collected in this initiative.

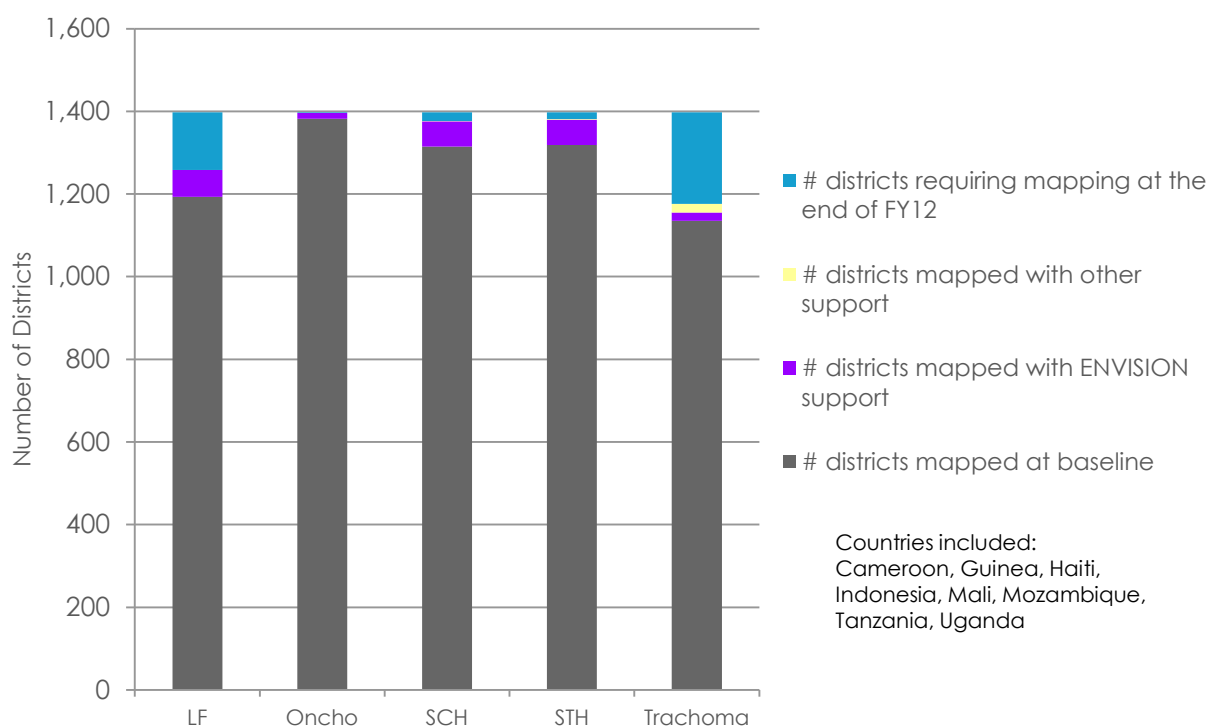
## MAPPING IN ENVISION SUPPORTED COUNTRIES

ENVISION supports mapping activities in an effort to close the mapping gap and define the NTD interventions required to eliminate and control the targeted NTDs. During Year 1, mapping activities were carried out in Cameroon, Guinea, Indonesia, Nepal, Tanzania, and Uganda, as shown in Table 6.

<b>Table 6. Progress on Completion of Disease Mapping in core ENVISION supported countries during FY12</b>				
<b>Country</b>	<b>NTD</b>	<b># Districts mapped with ENVISION support in FY12</b>	<b># Districts mapped with other support in FY12</b>	<b># (%) Districts Mapped by End of FY12</b>
<b>Cameroon</b>	LF	15	0	180 (100%)
	Oncho	14	0	180 (100%)
	SCH	55	0	180 (100%)
	STH	55	0	180 (100%)
	Trachoma	8	0	180 (100%)
<b>Guinea</b>	LF	4	0	34 (89.5%)
	SCH	6	1	38 (100%)
	STH	6	1	21 (55.3%)
	Trachoma	2	0	21 (55.3%)
<b>Indonesia</b>	LF	41	0	358 (72%)
<b>Mozambique</b>	Trachoma	0	21	37 (26.1%)
<b>Nepal</b>	LF	3	0	75 (100%)
	Trachoma	2	0	62 (82.7%)
<b>Tanzania</b>	Trachoma	6	n/a	93 (60.4%)
<b>Uganda</b>	LF	2	0	112 (100%)
	Trachoma	2	0	88 (78.6%)

Through the efforts of USAID and other partners, mapping is nearly complete in the majority of ENVISION countries, as can be seen in Figure 4.

**Figure 4. Mapping Achievements in ENVISION Countries in FY12**



## BUILDING CAPACITY IN NTD CONTROL AND ELIMINATION

Capacity development is recognized as a key strategy for strengthening national programs to sustain the scale up for the control and elimination of NTDs. During this reporting period, staff served as subject-matter experts and facilitators at workshops and training events, provided technical guidance to country programs and documents were translated from English to local languages to make available various resources such as the TIPAC manual.

Amy Doherty was invited to serve as a temporary advisor to WHO for the Working Group for Capacity Strengthening (WG-CS). The aim of the WG-CS will be to achieve the following goals: (1) identify existing capacity building efforts; (2) recognize gaps in capacity building efforts and prioritize needs; (3) standardize training curricula to strengthen managerial and technical capacity for NTD control; and (4) harmonize partner efforts to fill identifiable gaps. The first meeting of the WG-CS is scheduled for December 6-7, 2012 at WHO in Geneva, Switzerland.

## WHO COURSE FOR NTD PROGRAM MANAGERS

After many months of collaborative work to develop the course materials with contributions from WHO, USAID, and many NTD partners, the WHO Course for NTD Program Managers was piloted at the WHO Collaborating Centre Public Health Laboratory Ivo de Carneri in Pemba, Tanzania July 9-15, 2012. Representatives from WHO Geneva, WHO AFRO, RTI, IMA, HKI and Sightsavers attended. NTD Program Managers from Ghana, Tanzania and Zanzibar also participated. Members of the ENVISION team participated as part of USAID's NTD Control Program.

Based on feedback collected during the Pemba pilot, ENVISION provided technical assistance to WHO GVA/HQ/NTD for editing and revision of course materials. Revisions have been sent to WHO editors with anticipated finalization and completion of training modules in December 2012.

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## TOOL FOR INTEGRATED PLANNING AND COSTING (TIPAC) TRAINING

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During Q3-Q4, ENVISION strengthened the TIPAC to enable its use as an annual program planning tool, in line with WHO recommendations. ENVISION worked closely with WHO GVA/HQ/NTD and Pan American Health Organization (PAHO) to incorporate the ability to assign costs to additional user-defined NTDs. (PAHO also supported the translation of the TIPAC and its user manual into Spanish.) These include NTDs targeted through interventions other than preventive chemotherapy, such as innovative and intensified disease management. Other new TIPAC features include the creation of a report to export data directly into WHO's Joint Request Form for Select PC Medicines, and a file transfer feature to import data from an older version into the current version. ENVISION staff worked to include TIPAC planning features for trachoma programs using the tool to plan trichiasis surgery interventions. All of these features will be functional in the multi-lingual TIPAC 3.0 available in English, French, Portuguese, and Spanish in the first half of Year 2.

ENVISION supported a TIPAC training workshop at PAHO in Washington, DC in April 2012. Participants included representatives of the Ministries of Health and the Ministries of Finance of Honduras, Suriname, and Brazil, as well as the Global Network for NTDs. The purpose was to provide participants with an introduction to and basic training in the tool. ENVISION also provided an introduction to the tool to the NTD department at the Ministry of Health in Mozambique and training to the appointed focal person. Throughout the year ENVISION responded to requests for the tool and answered any follow-up questions.

ENVISION has collaborated with WHO AFRO to develop a timeline to roll out TIPAC workshops in East and West Africa. The first workshop to be sponsored by AFRO is planned for early 2013 in Cameroon. The purpose of this workshop will be to train trainers to serve as facilitators and advisors to countries for the next rounds of TIPAC workshops.

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## WHO AFRO M&E WORKSHOPS

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RTI has been collaborating with partners, including WHO Office for Africa (AFRO/NTD), WHO HQ/NTD, APOC, CNTD, SCI, LSHTM, and CDC to develop a training curriculum and facilitate M&E workshops for the Africa region. The objective of these workshops is to strengthen M&E capacity of integrated national NTD programs for more efficient and effective measurement of progress towards control, elimination and eradication of targeted NTDs. The training curriculum includes PowerPoint presentations, practical sessions, and country presentations.

Two workshops were held for NTD program managers, M&E specialists, and data managers during FY12—one for 8 Anglophone countries in Harare, Zimbabwe, and another for 10 Francophone countries in Ouagadougou, Burkina Faso. ENVISION M&E Specialist Katie Zoerhoff facilitated the first workshop, and Senior NTD Advisor Achille Kabore facilitated the second workshop. Pre- and post-tests demonstrated increased learning across participants in both workshops.

Additionally, ENVISION M&E Associate Kalpana Bhandari participated in a facilitators meeting in Accra, Ghana, to revise, organize, and agree upon the contents of the training materials for the AFRO M&E course

in collaboration with partners. ENVISION staff are also contributing to the development of a Facilitator's Manual and Trainee Manual for this course.

## TRAININGS IN TRANSMISSION ASSESSMENT SURVEYS

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ENVISION staff have worked with partners, including WHO GVA/HQ/NTD and regional offices, CDC, the Task Force for Global Health, and CNTD, to develop a 3-day training course to support national programs to build capacity to plan and implement TAS according to WHO's guidelines. The course comprises various modules with a number of practical exercises for the participants to develop a plan for TAS in at least one evaluation unit (EU).

ENVISION's M&E Specialist facilitated modules in the Regional Capacity Building Workshop on Transmission Assessment Survey (TAS) in Lymphatic Filariasis (LF) Elimination Programme in the WHO Southeast Asia (SEA) Region held in Pondicherry, India from July 10-13, 2012. Nine LF-endemic countries in the SEARO region participated in the training, including Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

## MEDIA TRAINING

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September 4-6, RTI partnered with the International Trachoma Initiative (ITI) and a local communications firm, Bringing Being into Business, to create an intensive two-day media training for 24 MoH officials, a one-day workshop for 19 journalists, and three days of field visits with reporters to increase accurate reporting about the impact of NTDs in Uganda. The media training included interactive instruction on different types of media, message development sessions, and mock media interviews for MoH officials that were recorded and played back with critique. Nineteen reporters gathered on the third day to learn the facts about neglected diseases in Uganda and the goals of the country's upcoming NTD Master Plan. They then had an opportunity to ask questions of a panel of MoH officials and NTD experts.

**Figure 5. Uganda MOH official speaks to journalists about NTDs**



Ministry of Health official David Ogutu (second from left) explains NTDs to journalists during a workshop in Kampala. Photo by Elizabeth Kurylo, ITI.



## GLOBAL TECHNICAL LEADERSHIP AND POLICY DEVELOPMENT

At the global level, ENVISION plays a major role in meeting the NTD technical challenges to program implementation. This role focuses principally on:

1. Developing new technical guidelines to meet the need to maximize effectiveness of the available implementation funds and human resources
2. Ensuring effective dissemination of these guidelines and 'best practices' to national programs
3. Coordinating ENVISION's programmatic activities and initiatives with those of the other engaged NTD partners.

During this reporting period the Program Director, along with both Deputy Directors, the Senior Technical Advisor and the M&E Specialist have all shared in actively participating in the important global technical and leadership meetings where the key policy and technical issues related to integrated NTD control and elimination are determined. Specifically -

### *Technical Meetings focused on operational research*

- The steering committee meetings of the SCORE (schisto) and DOLF (oncho and LF) programs supported by the Bill and Melinda Gates Foundation (4/12 & 5/12)
- The Expert Committees of the MEC/AC (for oncho and LF) and ITT's forecasting group (5/12)

### *WHO Technical meetings focused on guideline development and assessment*

- Trachoma scientific informal workshop (TSIW - 5/12)
- National program NTD database development meeting (8/12)
- Global mapping initiative working group (8/12)
- Transmission assessment survey (TAS) working group (9/12)

### *WHO Regional Program Managers Meetings*

- South East Asia Region (5/12)
- Western Pacific Region (6/12)
- African Region (6/12)

### *Implementation Alliances/NGOs*

- Alliance for the Global Elimination of blinding Trachoma by 2020 (GET 2020), 5/12)
- AFRO stakeholders meeting (6/12)

ENVISION is recognized as an essential contributor to all of these meetings, and the ENVISION program benefits directly by always being able not only to support implementation of the most advanced globally recommended policies but also by sharing all national experiences directly with its international colleagues.

## NTD EXTERNAL ADVISORY GROUP FOR USAID

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In close coordination with USAID, ENVISION developed terms of reference for a NTD external advisory group. The Advisory Group will be convened by USAID and will address technical questions for which there is not yet clear WHO guidance or for which 'beyond guidelines' judgment or 'expert opinion' is needed

to assist the USAID-supported (and other) NTD programs. ENVISION will organize and host the group on behalf of USAID; during the reporting period, membership was proposed and accepted by individuals with and understanding of successful implementation of integrated NTD control programs and with a broad range of technical expertise. The external advisory group will be a collection of experts from CDC, WHO HQ, APOC, World Bank, ITI and the Gates Foundation qualified to make recommendations when necessary, in response to specific NTD program challenges.

## MONITORING AND EVALUATION

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During the second half of Year 1, ENVISION worked closely with WHO and other partners to develop and strengthen global guidelines and tools for monitoring and evaluation (M&E), including:

**WHO Position Statement on Interrupting Transmission of LF.** This document is intended to inform decision-makers and the media about TAS and stopping MDA for LF. ENVISION's M&E Specialist, Katie Zoerhoff, contributed to its development; the document will be finalized during Year 2.

**WHO Indicator Compendium for NTDs.** This resource will be used to guide NTD program managers, harmonize indicators across programs and stakeholders, serve as a reference to facilitate integration, and clearly define how to measure progress towards control and elimination. Ms. Zoerhoff continued work with WHO to draft the compendium; disease-specific indicators have been shared with WHO NTD focal points for input. The Compendium will be finalized and disseminated in Year 2.

**National NTD Database Template.** ENVISION staff worked with partners, including WHO-Geneva, WHO-AFRO, APOC, and CNTD, to initiate the development of a national NTD database template that can be tailored to national program context and needs for data storage and analysis.

**Task Force for Measuring Enhanced Outcomes and Impact from Preventive Chemotherapy: Health Working Group.** In April 2012, Ms. Zoerhoff participated in a WHO meeting on measuring the impact of preventive chemotherapy, and was nominated co-coordinator of health group of Task Force along with a representative from SCI. The co-coordinators have been developing a 3-year work plan, and collaborating with other partners to identify activities that will capture the negative health outcomes resulting from NTDs and the enhanced health benefits of preventive chemotherapy that have not yet been accurately quantified or widely disseminated.

## MONITORING AND EVALUATION FOR NATIONAL NTD PROGRAMS

ENVISION has prioritized increasing the capacity of countries to implement nationally-owned M&E for NTD control/elimination in line with WHO guidelines, implementing M&E activities within a programmatic context, and facilitating the use of USAID-supported data. A brief situation analysis of national NTD M&E systems in project countries conducted by ENVISION in Year 1 showed that many countries need assistance with the development of a national integrated NTD database and a national M&E plan for NTDs, and not all countries are currently reporting treatment data disaggregated by sex. Based on the results of this analysis, ENVISION will work with in-country partners to strengthen national M&E systems to effectively monitor and evaluate their programs.

During Year 1, ENVISION supported training in M&E in project countries, and facilitated implementation of disease-specific assessments (DSA) as well as quality control exercises.

## TRAINING

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In addition to supporting participation in global workshops related to M&E, ENVISION supported 144 individuals to be trained at the country level in monitoring and evaluation during Year 1. This included training in microscopy for LF sentinel and spot check site surveys, adverse and serious adverse events, data collection tools, data handling and reporting.

## DISEASE-SPECIFIC ASSESSMENTS

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ENVISION also supports disease-specific assessments (DSAs), in order to assess the impact of NTD interventions on disease. The frequency and timing of these assessments vary by disease and baseline prevalence; ENVISION utilizes WHO guidelines to inform when and how these assessments should take place. During Year 1, ENVISION supported LF sentinel site and spot check site surveys, transmission assessment surveys for LF, oncho epidemiological assessments, and trachoma impact surveys (Table 7).

Table 7. Number of Districts with ENVISION-supported Disease-Specific Assessments		
Country	DSA type	# Districts where DSA Conducted
Guinea	LF baseline sentinel site	3
	Oncho epidemiological assessment	9
Haiti	LF midterm sentinel site	2
Indonesia	LF baseline sentinel site	28
	LF midterm sentinel site	3
	LF midterm spot check	3
	LF Pre-TAS sentinel site	1
	LF Pre-TAS spot-check site	1
	TAS-Stopping MDA	5
Nepal	LF Pre-TAS sentinel site	16
	Trachoma impact survey	7

In total, ENVISION supported LF sentinel and/or spot check site surveys in 57 districts in Guinea, Haiti, Indonesia and Nepal, TAS for stopping LF MDA in 5 districts in Indonesia, onchocerciasis epidemiological assessments in 9 districts in Guinea, and trachoma impact surveys in 7 districts in Nepal.

## QUALITY CONTROL EXERCISES

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During Year 1, ENVISION supported post-MDA coverage surveys as a quality control exercise to verify reported data and assess program uptake. Surveys were carried out with USAID and ENVISION support in 7 districts after SCH and STH MDA in Guinea; in 7 communes after LF and STH MDA in Haiti, and in 6 districts to verify MDA coverage for all endemic diseases in Tanzania.

## ENVISION COUNTRY PROGRAMS - ACTIVITY PROGRESS REPORTS

## BENIN

Resident Program Advisor: TBD

Reporting Period: April – September 2012

### BACKGROUND

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In Benin, LF and Onchocerciasis are widely spread in over 50 of the 77 communes or districts. SCH (urinary and intestinal) is found in all 77 districts, while STH prevalence is low at 5%. As for trachoma, only 27 out of 77 districts are mapped but there is reason to think that there is little additional mapping needed. The national NTD program (PNLMTN) has been primarily supported by the Benin government, but many scheduled activities during FY12 were canceled due to insufficient funds. The program has received some drug donations through WHO and some support from UNICEF for STH distribution but only in only 18 communes.

NTD Control and elimination activities are implemented under the leadership of the National Directorate of Public Health (DNSP). This program organizes activities to mobilize resources to fill gaps, plan cross-cutting activities, and conduct monitoring, evaluation, and research. A national NTD Control Committee is responsible for coordinating multi-sectorial initiatives including education and water. Benin employs two strategies to reach targeted population with PCT: Community-Directed Intervention (CDI) using community drug distributors (CDDs) and school-based MDA for school-aged children (5-14 years) and in communities using teachers as distributors. Mapping for LF, OV and SCH is complete. The need for trachoma and STH mapping is being assessed by the PNLMTN with support from ENVISION.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Meet with the DNSP and other working in NTD control to better understand the NTD program in Benin and how ENVISION can support activities
- Finalize a NTD situation analysis (from the already existing NTD Master Plan) and begin developing an ENVISION work plan for Benin in Year 2
- Visit one or two endemic provinces/communes

### MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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- Jean Jacques Tougoue visited Benin in September 2012 to meet with MOH, USAID Benin and other NTD stakeholders
  - Met with officials at the MoH, MOE, Ministry of Environment, urbanism and habitat and Ministry of Energy and Water
  - Visited Djakotomey in southwestern Benin where Handicap International (HI) has been doing some work to control LF
  - Traveled to Porto-Novo, met and discussed with officials at the Ministry of Education
  - Met with National Coordinator to learn about NTD activities and identify areas for support, priorities and proposed mechanisms for support for ENVISION in Benin

### CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- None at this time

## NEXT STEPS

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- Work with NTD Program Coordinator to finalize the FY 2013 Work Plan and budget as well as the Program and Disease work books
- Recruit ENVISION staff to support MoH in Cotonou

## CAMEROON

ENVISION Resident Program Advisor: Julie Akame (HKI)

Reporting Period: April – September 2012

### BACKGROUND

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Cameroon is endemic for all seven NTDs targeted by USAID. The national integrated NTD program began in 2009 with rapid efforts to scale-up mapping and treatment. At the end of FY12, all suspected endemic health districts for the seven NTDs have been mapped; therefore, the baseline epidemiological map for NTDs in Cameroon is complete. 100% geographic coverage has been reached for all diseases except for LF due to the co-endemicity with loa loa. Both Community-Directed Intervention (CDI) using community drug distributors (CDDs) and school-based MDA for school children are used to reach the target populations for the different diseases. In 2012, most of the regions implemented MDA from March to August, except the East region where MDA takes place from January to March. Cameroon will begin steps to assess progress in LF elimination in FY13 with five districts conducting an epidemiological assessment to determine if they are eligible to progress to the Transmission Assessment Survey.

The National NTD Program in Cameroon is led by a part-time focal point within the Ministry of Public Health (MSP) who coordinates activities of the vertical disease programs. The MSP works in partnership with Helen Keller International who is the lead recipient of ENVISION funding, as well as Sightsavers, Perspectives, and the International Eye Foundation. The partner NGOs each oversee various regions of the country while HKI also provides grant management and technical oversight to the program overall.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Support LF MDA in 128 health districts (HD) in 9 regions, Mar-Sept 2012
- Support OV MDA in 107 HD in 9 regions, Mar-Sept 2012
- Support trachoma MDA in 13 HD, Mar-Sept 2012
- Support school-based SCH MDA for school-age children in 78 HD; SCH targeting adults in 4 HDs where the prevalence is  $\geq 50\%$ , April-June 2012
- Support school-based STH MDA for STH in 181 HD, Apr-June 2012
- Map 8 districts of Adamaoua region for trachoma
- Map remaining 12 HDs for LF in Yaoundé and Douala and 3 HDs in the south-West region
- Map remaining 9 HDs for onchocerciasis in Central region (4 HD), in East region (3 HD), in South region (2 HD)
- Support the MOH in establishing the NTD coordination system
- Strengthen the data management system
- Support the organization of the integrated drug applications for 2013
- Support the organization of the national NTD review meeting

### MAJOR ACCOMPLISHMENTS

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- Planning meetings were held in each region from March to April 2012.
- Training sessions at all levels were conducted in each of the 9 regions from March to June 2012.



- Community sensitization meetings were held in North, Far-North and Central regions from May to June.
- The school-based MDA of MBD and PZQ took place nationwide from April to June; 180 districts (the entire country) received MBD and of these, the 78 districts endemic for SCH also received PZQ.
- The school-based integrated mass distribution of MBD and PZQ took place in 78 HDs from April to June.
- MDA of IVM and ALB began in June in 9 regions; 132 were targeted for LF and 110 for onchocerciasis treatment. Data collection started in 3 regions and the distribution is still ongoing in 6 regions.
- All 8 districts of Adamaoua region were mapped for trachoma. Data were collected and the report is available. The prevalence of TF among children aged 1-9 years in each health district was <5%.
- The 15 remaining HDs were mapped for LF; the report is available. Only 1 out of the 15 health districts were found to be endemic (Akwaya in South west Region).
- Revision of the letter describing the need for stronger NTD coordination and transmission to Minister of Health in July.
- Appointment of 2 full-time staff members responsible for monitoring NTD activities and for data management of the Ministry of Health.
- Attending NTD meeting by MOH and HKI Staff in Accra in July 2012
- Attending NTD meeting by MOH and HKI Staff in Ouagadougou organized by APOC in September 2012.
- Several papers were submitted for peer-review :
  - Noa Noatina B, Kagmeni G, Mengouo MN, MOUNGUI HC, Tarini A, Akame J, Zhang Y, Bella ALF. Prevalence of trachoma in the Far North region of Cameroon: results of a survey in 27 health districts. *PLoS Neglected Tropical Diseases* 2012. Submitted
  - Louis-Albert Tchuem Tchuenté, Romuald Isaka Kamwa Ngassam, Laurentine Sumo, Pierre Ngassam, Calvin Dongmo Noumedem, Christian MÉRIMÉ Kenfack, Nestor Feussom Gipwe, Esther Dankoni, Ann Tarini, Yaobi Zhang. Mapping of schistosomiasis and soil-transmitted helminthiasis in the regions of Littoral, North-West, South and South-West Cameroon. *BMC Infectious Diseases* 2012. Submitted
- The following abstract was accepted for a poster presentation for the 2012 ASTMH meeting in Atlanta:
  - Ann Tarini, George Mbenda Behalal, Desiré Djombini, Dr André Bitá Fouda, Julie Akame. *Strategies to mobilize community incentives for the community drug distributors in Cameroon.*

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## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- MDA was delayed in all regions but the East Region due to the late arrival of albendazole, despite the efforts that have been made to order drugs on time.
- MDA for LF and onchocerciasis was delayed in 22 HDs of South-West and Adamaoua regions due to impact assessment activities for OV between August and September 2012.
- The provision of funds to carry out activities in the field is sometimes delayed because of the late justification of funds received for previous activities.
- Inadequate management of drugs by some field staff causes stock outs in certain communities and overstock in others.

- Efforts were made to improve the CDD census but it still needs some improvements. If the census figures are unreliable, the estimation of drug is inadequate and treatment coverage is unrealistic. It is crucial for the program to obtain good census figures.
- We were not able to conduct the evaluation of the school-based distribution of PZQ and MBD. The evaluation was cancelled (postponed) by national SCH Program Coordinator because of one minister's (Minister of Basic Education) unavailability to attend the meeting.

## NEXT STEPS

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- Work with NTD Program Coordinator and NGO partners to update TIPAC for 2013
- Continue to advocate for technical evaluation of the school-based campaign regardless of the presence of the Ministers.
- MDA National review and planning meeting planned in October 2012.
- National NTD Program Manager, M&E Officer to attend WHO M&E training in Yaoundé in December 2012
- MDA of LF, STH, and onchocerciasis in 18 HDs of South-West region and in 4 HDs of Adamaoua region from September to October 2012
- Pre-TAS (sentinel site and spot check assessments) for LF in 5 HD of Far North and North regions planned from January to February 2013; these studies will determine if these districts are eligible for the TAS
- MDA activities including planning meetings and training sessions in the East region from December 2012 to March 2013
- School-based MDA for MEB and PZQ treatment of school-aged children planned from February to March 2013; 78 districts will be targeted for SCH treatment and all 181 districts will be targeted for STH treatment; high-risk adults will be treated for SCH in 4 districts

## GUINEA

ENVISION Resident Program Advisor: Sylvain Haba (HKI)

Reporting Period: April – September 2012

### BACKGROUND

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Eight of the 17 NTDs recognized by the WHO are endemic in the Republic of Guinea; five of which are addressed through an integrated program targeting LF, OV, SCH, STH and trachoma. The integrated national control program of the Ministry of Health and Public Hygiene is being implemented according to the National Strategic Plan (2011-2015) to reduce morbidity, disability and mortality due to NTDs for the control or elimination of NTDs by 2015. Other key partners include the Ministry of Education, CNNTD, Sightsavers, Organisation pour la Mise en Valeur du Fleuve Sénégal (OMVS), Organisation pour la Prévention de la Cécité (OPC), and Catholic Relief Services (CRS).

The program in Guinea is currently in the scale-up phase with mapping taking place for LF, SCH, STH, and trachoma, and geographic coverage being scaled-up accordingly. Treatment for onchocerciasis has been ongoing in Guinea for many years and assessments are conducted to better understand the impact of treatment efforts. MDA for LF and trachoma will take place for the first time in Guinea in FY13.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Improve knowledge of the epidemiological profile of NTDs in Guinea by completing mapping of the targeted NTDs;
- Strengthen National Program capacity at central, intermediate, and peripheral levels including:
  - Training to improve performance and supervision skills of government program staff
  - Provision of equipment, materials, and office supplies to support program coordination, supervision and improve performance
- Advocacy targeting political decision-makers, partners and community leaders for increased commitment and mobilization of resources to tackle NTDs. Included in this are:
  - Increased participation of partners and other development sectors including ministries, local authorities, development partners, and the private sector including mining companies
  - Reinvigoration of the consultative committee to facilitate dialogue across and within sectors through coordinating meetings and advocacy
- Support for PCT in health districts where prevalence thresholds as determined by the WHO for NTD treatment are reached: through school-based and community-based mass drug administration (MDA).
- Conduct OV epidemiological assessment in 28 sentinel villages in 9 health districts (Guéckédou, Kissidougou, Macenta, Lola, Beyla, Kankan, Kérouané, Siguiri and Mandiana)

### MAJOR ACCOMPLISHMENTS

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- Mapped for NTDs in 12 health districts with USAID funding:
  - 4 health districts for LF (Boké, Forécariah, Kérouané and Beyla) were mapped in April and May 2012

- 2 health districts for trachoma (Koundara and Yomou) were mapped in April 2012
- 6 health districts for Schistosomiasis and STH were mapped simultaneously (Kankan, Mandiana, Kouroussa, Kérouané, Kissidougou and Faranah) in April 2012; schistosomiasis/STH mapping through Rio Tinto funding to HKI was conducted in Forecariah
- Completed microfilarial study (LF baseline data collection) in three sentinel sites in April and May 2012 to gather data relevant to four health districts. One sentinel site covered two health districts of Dabola and Dinguiraye, because the districts are in geographical proximity, share similar epidemiological characteristics, and will benefit from the implementation of the MDA at the same time. However, mf density data were not collected in this survey and the program plans to re-do the survey.
- Conducted OV epidemiological surveillance in 28 sentinel villages in 9 health districts by means of cutaneous biopsies (skin snips) in April and May.
- HKI and the Central Pharmacy of Guinea (PCG), the main purchasing center in Guinea, signed a partnership in April 2012 to help support drug logistics for the NTD control program.
- The PNLOC, with TA from HKI, implemented SCH/STH MDA in 7 health districts (Kissidougou, Guéckédou, Macenta, N'Zérékoré, Lola, Yomou, and Beyla) in the Forest region of Guinea; results are included in the disease and program workbooks.
- HKI supplied CRS (operational partner of OMVS) with PZQ, provided by USAID, for MDA in the health districts of Mamou, Dalaba, and Pita.
- The MoH and HKI attended a workshop in Fria for 2012 mapping data analysis in July.
- A work planning workshop was held in Conakry in August 2012, attended by USAID, RTI, HKI for the FY13 work plan and budget.
- Attended WHO/AFRO NTD meetings by MoH and HKI staff in Accra in July 2012.
- Attended WHO/AFRO NTD M&E training by MoH and HKI staff in Ouagadougou in August 2012.
- Placed drug order for 2013 MDAs in May and June for PZQ

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- This campaign represented the first MDA experience for the PNLOC/NTD and HKI Guinea and was therefore a learning experience. Lessons learned will be applied to future activities.
- Almost all planned NTD activities except MDA for LF and trachoma took place during the second half of the year (between April and August 2012) because of the transition from RTI/NTD Program to ENVISION which served as an impediment due to procedural factors, and delayed the first MDA by two months. For example, the SCH & STH MDA took place when students were no longer in school, despite the strategic method planned to reach the largest targeted population through schools. These past experiences have taught us that keeping to a planned schedule is a challenge. Efforts will be made to initiate planning activities with partners as early as possible and to promptly reschedule any activities that have to be postponed.
- The MDA for LF and trachoma were not implemented because the drugs were not obtained in time due to a delay on both sides (MOH and drug donation programs) in document processing. These applications need to be processed in time and answers provided by all parties involved in a timely manner in future.

- CRS did not include sex distribution of people treated in PZQ distribution. HKI is working with CRS to collect this information but it is not currently available.
- mf density data were not collected as part of the LF baseline data collection. The survey will be re-done.

## NEXT STEPS

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- Reinforce the management capacity of the PNLOC/NTD and HKI team on TIPAC through training (TA was requested in FY13 work plan)
- Attend the Mano River Union meeting in October 2012 in Abidjan and others consultations meetings: Joint Action Forum (JAF) to fight against Onchocerciasis in December in Bujumbura, Burundi
- Implement the microfilaria study (LF mf baseline data collection) in 4 health districts (Guéckédou, Dabola, Dinguiraye, and Koundara)
- Mobilize financial resources from mining companies within targeted endemic areas
- Carry out LF MDA in 4 health districts (Guéckédou, Dabola, Dinguiraye and Koundara) and trachoma MDA in 2 health districts (Faranah, Kissidougou) in November 2012
- Participate in the Regional Technical Committee of Health (CTRS) meeting and the annual health review in February 2013
- Conduct SCH and STH mapping in 17 health districts, trachoma mapping in 10 health districts and LF mapping in 4 health districts from February to March 2013
- Organize/Attend the steering committee meetings

## HAITI

ENVISION Resident Program Advisor: Dr. Abdel Direny (IMA)

Reporting Period: April-September 2012

### BACKGROUND

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The Haiti NTD Control Program (HNTDCP) is a joint effort between the Ministry of Health and Population (MSPP) and the Ministry of Education (MENFP) to eliminate and control LF and STH in Haiti. Since 2007, IMA World Health has led the implementation of the USAID-funded, RTI-managed program activities. The HNTDCP is supported by a group of collaborating partners who include World Health Organization/Pan American Health Organization (WHO/PAHO), the Centers for Disease Control and Prevention (CDC), University of Notre Dame, CBM, Partners in Health, and GlaxoSmithKline (GSK). This collaborative effort includes regular meetings with Central, Departmental, and Communal MSPP and MENFP officials, as well as among partners in the US and Haiti. The HNTDCP follows the WHO-recommended LF strategy for elimination through consecutive MDA with DEC and ALB for four to six years to interrupt transmission. Haiti has recently achieved national coverage in 2012 and the program has been ongoing in many geographic areas for more than four years. Based on upcoming assessments, the Haiti program will decide when it is appropriate to stop MDA.

### TECHNICAL OBJECTIVES FOR WORK PLAN YEAR

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- Support integrated LF/STH MDA in 106 districts
- Build capacity and strengthen government ownership of the HNTDCP through departmental planning meetings
- Build capacity of community volunteers and supervisors through refresher training on MDA related activities
- Evaluate the impact of MDA, by establishing sentinel sites for data collection
- Conduct coverage surveys in 6 sites to confirm coverage data and reasons for non-compliance

### MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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- Conducted MDA in 64 communes during the reporting period
- Sentinel sites established in two communes, Jacmel and Anse a Veau
- Provided refresher training to community volunteers and supervisors
- Carried out 5 departmental planning meetings to prepare for MDA activities
- Conducted meeting with health center leads to increase their understanding and participation in MDA related activities
- Completed coverage surveys completed in 6 communes to assess MDA coverage results. Survey results are currently being analyzed by CDC
- Distributed hundreds of thousands of pairs of new shoes to schoolchildren as a complement to ongoing STH prevention and control efforts through partnership with TOMS
- Dr. Abdel Direny participated in the Pilot for the WHO International NTD Program Managers Training Course in Pemba from July 9 to 12, 2012. He provided input to the Community and Social Mobilization module.

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- During the transition period from NTDCP to ENVISION, there was a short delay in issuing funds under ENVISION in order to ensure that all contractual requirements were met. To address this delay, the program intensifies activities once funds were made available to avoid postponement of the MDA.

## NEXT STEPS

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- IMA will continue to collaborate with the MSPP and MENFP and all program partners to continue successful implementation of the HNTDCP in 8 of the 10 departments.
- Establish 1 new sentinel site and spot check site in the Northeast department (Caracol)
- Conduct TAS eligibility and, depending on the results, TAS in 3 evaluation units based on recommendations from MSPP and CDC. The protocol will be developed in collaboration with NTD partners and the MSPP. A TAS training in partnership with CDC will be conducted prior to evaluations
- Conduct 10 coverage surveys to confirm reported coverage and explore reasons for non-compliance.
- Continue new shoe distribution through the partnership with TOMS as a complement to MDA activities

## INDONESIA

ENVISION Resident Program Advisor: Dr. Herty Herjati (RTI)  
Reporting Period: April - September 2012

### BACKGROUND

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LF, STH and SCH, as well as yaws and leprosy, are endemic in Indonesia. National plans and policies have been developed to fight individual NTDs, and responsibility for LF, STH and schistosomiasis programs have been consolidated under the Directorate of Vector-Borne Disease Control in the MOH.

In October 2011, LF was assumed to be endemic in 337 districts, with a population at risk estimated at 125 million; however, mapping is still ongoing to confirm endemicity of all these districts. In 2009, LF MDA covered more than 19 million people in 88 districts, including 1 million preschool and 3.6 million school-aged children (SAC) likely at risk of STH. In 2012, the Ministry of Health plans to implement LF MDA in 98 districts throughout the country.

In 2012, the STH program plans to develop new guidelines for preventive chemotherapy, with the aim to roll out MDA for STH in non-LF endemic districts in 2013. Exact treatment figures for children dewormed through mechanisms other than LF MDA, such as school health or local authorities, are not yet known. Schistosomiasis is confined to an area of approximately 20,000 people in Central Sulawesi province, where intensive elimination efforts are ongoing with the support of WHO.

### TECHNICAL OBJECTIVES FOR WORK PLAN YEAR

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The broad objective of the program in 2012 is to improve the health of the LF endemic communities through the effective implementation of the program and supporting the National Program in its implementation efforts utilizing standardized and internationally approved strategies. Specific objectives for the time period of October 2011– September 2012 were:

- Support advocacy meetings in 17 districts in Sumatra in preparation for 2013 MDA
- Extend geographic coverage by supporting MDA in 28 districts (15 new districts in the Sumatra region and 13 previously funded districts all over the country. The total population targeted for MDA with USAID support in 2012 is 8,836,047.)
- Train program staff in LF mapping and sentinel site techniques and TAS methodologies
- Map 41 districts in the Sumatra region to better define districts where LF MDA should be implemented
- Establish LF sentinel sites in 37 districts in Sumatra for effective monitoring of ongoing and planned MDA activities

### MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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- Advocacy meetings held in 15 districts resulted in commitments from districts to support MDA in 2013.
- STH policy guidelines and LF technical guidelines were updated in accordance with WHO guidelines and printed.



- MDA was implemented in six districts:
  - Kota Tidore Kepulauan (Maluku Utara), with 83% coverage of total population.
  - Melawi (Kalimantan Barat), with 77% coverage of total population.
  - Pidie (Aceh), with 76% coverage of total population.
  - Kungtan Singingi (Riau), with 64% coverage of total population.
  - Subang (Jawa Barat), with 59% coverage of total population using national population projections (and 66% using district population projections).
  - Nunukan (Kalimantan Timur), with 55% coverage of total population using national population projections (and 69% using district population projections).
- LF mapping was completed in 41 districts; preliminary data from 38 sites suggest those 38 districts are non-endemic, with <1% microfilariemia prevalence.
- Sentinel and spot-check site data was collected in 37 sites, with preliminary results available from 28 sites.
- Supported 2 MoH staff to attend WHO TAS regional training in India
- LF transmission assessment surveys (TAS) were completed in 5 districts. These districts failed the TAS and discussions are ongoing with Ministry of Health about next steps.

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## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- MDA was delayed by a change in Indonesian policy that now does not allow financing of districts directly through fixed obligation grants (FOGs). Fixed obligation grants are now being developed with local non-governmental organizations (NGOs) to support MDA in November-December 2012.
- Lack of knowledge and ownership of LF elimination program at district and provincial levels affects the program coverage as the MDA campaigns often are not given high priority. The ENVISION project's support for advocacy meetings in 17 districts and an August 2012 provincial-level workplanning meeting for Western Indonesia were first steps in better engagement between the central, provincial and district levels. The FY2013 workplan will likely include support to a follow-on provincial meeting to report results and share challenges and solutions.
- NTD data are available but are unreliable because there is no national MoH NTD database and no specialized staff assigned as the program's data manager. In FY2013, the ENVISION project team in Indonesia will be hiring an M&E specialist who will work closely with the MoH team to develop a database and train them in data management.

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## NEXT STEPS

- Finalizing FOGs with NGOs for MDA in 18 districts.
- Supporting districts to finish MDA in 4 districts through direct payment of costs by RTI.
- Implementing TIPAC with Subdit in December 2012.
- Finalizing FY2013 workplan in December 2012 after TIPAC results.
- Organizing stakeholders meeting for January/February 2013.

## MALI

ENVISION Resident Program Advisor: Dr. Seydou Goita (HKI)

Reporting Period: April – September 2012

### BACKGROUND

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Mali began integrated NTD control in 2007 as a fast-track country under USAID's NTD Control Program. From 2007 to 2011, Mali scaled-up treatments across the country for all five targeted NTDs. Since the start of the program, significant progress has been made with 100% geographic coverage reached for all NTDs (with the exception of limited trachoma mapping needed in the northern regions), adequate program and epidemiological coverage sustained over time, and impact assessments providing evidence to stop MDA and begin post-endemic surveillance for LF and trachoma.

A military coup d'état on March 22, 2012 brought the program to a temporary halt and indefinitely separated the three northern regions (Gao, Kidal, Tombouctou) from the southern part of the country. On March 28, HKI received notice from USAID and ENVISION that all NTD activities implemented by the government with USAID funding must be suspended in the wake of the political crisis in Mali. Follow-up correspondence on July 20 from USAID explained that USAID-funded NTD activities in Mali had been given a T2 unsuspension status, whereby funds could not go to the government to implement activities and/or support work with the government. After much deliberation between MOH, HKI, ENVISION, and USAID staff, it was agreed that it would not be possible to implement any activities under the T2 unsuspension status. At that point in time, efforts were heightened to secure private funding for the remainder of the FY12 MDA and M&E program activities in Mali. As of the end of September 2012, full funding has been secured for the FY12 MDA and M&E activities which will begin in October 2012. More details about the timeline of events can be found in the *Next Steps* section.

### TECHNICAL OBJECTIVES FOR WORK PLAN YEAR

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Most technical objectives originally planned in the work plan were put on hold at the start of the reporting period due to the suspension of funding from USAID on March 28<sup>th</sup>. The three northern regions of Mali were immediately considered unsafe and therefore off limits; plans to conduct MDA for the five NTDs (in Gao, Kidal, Tombouctou), to conduct mapping (in Kidal), and to conduct M&E activities (in Gao and Kidal) were postponed. The list below outlines the revised technical objectives set forth during this period:

- In the 6 southern regions (Bamako, Kayes, Koulikoro, Mopti, Segou, Sikasso) treat:
  - 11,782,922 persons for LF and STH in 47 health districts; of these a sub-set of the population will be targeted for onchocerciasis in 17 health districts
  - 3,746,146 persons for schistosomiasis in 23 health districts
  - 1,210,936 persons at district-level for trachoma in 5 health districts\* (\*An impact study was conducted in 2 of these 5 health districts targeted for trachoma; the national program planned to treat these populations in case impact study results suggested that treatment should continue, however this was subsequently not warranted based on study results)
- Conduct the TAS for LF in the health districts of Bougouni and Yanfolila
- Conduct trachoma impact surveys in the districts of Banamba and Kolokani
- Conduct sentinel site/spot check sites in the regions of Sikasso, Kayes, and Koulikoro after the 5<sup>th</sup> round of MDA

## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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- Trachoma impact surveys were conducted in March/April in the districts of Banamba and Kolokani with the support from HKI (Conrad N. Hilton Foundation funds)
- The TAS for LF was conducted in May in the health districts of Bougouni and Yanfoilla with support from the Government of Mali
- Three districts (Bafoulabe, Tominian, and Koulikoro) were treated for trachoma in July/August with support from the Carter Center
- Sentinel site/spot check studies for LF will begin in 7 districts in Sikasso (Kadiolo, Kignan, Kolondieba, Koutiala, Selingue, Sikasso, and Yorosso) September with support from Sightsavers and WHO
- Several meetings were attended by program staff, including Technical Coordination Committee meetings, the WHO AFRO NTD meeting in Accra in June, and the WHO AFRO M&E training in Ouagadougou in August

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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The main challenge to accomplishing the technical objectives during the reporting period was the lack of funding. Trainings had already taken place at central and district levels before the coup and contracts were being drawn at the time of the coup for the lower level trainings, IEC activities, drug transport, and impact assessments at the end of March; all activities were immediately halted once HKI received the suspension notice. Other partners such as The Carter Center, Sightsavers, and the END Fund stepped in to help RTI, HKI, and the Government of Mali's national program determine the gaps and derive solutions to ensure that activities would continue.

## NEXT STEPS

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The activities listed below will take place within the next 6 months through the support of the End Fund, Sightsavers, HKI, and WHO:

- Reproduction of MDA materials (training manuals, dose poles, data sheets) - October
- Reproduction of Information, Education, and Communication (IEC) material - October
- Drug Transport to districts - October
- Advocacy, social mobilization activities in communities and schools - October
- Refresher/Training of Supervisors and Teachers - October
- Refresher/Training of Community Drug Distributors - October
- Launching ceremony for the start of MDA activities in Bamako - October
- MDA for LF, onchocerciasis, schistosomiasis, and STHs in the 6 southern regions – October/November
- MDA Supervision – October/November
- Annual Review Meetings (all levels) – November/December
- Surveillance for trachoma and LF in post-endemic districts – October – April
- Impact studies for LF in Kayes and Koulikoro regions – April
- Impact studies for trachoma in 3 districts treated in 2012 – February
- TAS for LF in Sikasso – April
- Fundraising for the FY'2013 NTD activities is ongoing

## MOZAMBIQUE

ENVISION Resident Program Advisor: Ms. Sharone Backers (RTI)

Reporting Period: October 2011-September 2012

### BACKGROUND

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The National NTD Program in Mozambique began in 2009 with the launch of the national program to control LF with an annual dose of IVM and ALB. Since then various actions have been taken to control all USAID targeted NTDs. A draft of the Ministry of Health's National Action Plan for Prevention and Control of Neglected Tropical Diseases (2013-2017) currently serves as a guide for the control and elimination of NTDs in Mozambique. Under the coordination of The National Directorate of Public Health (Department for Other Contagious Diseases), each province is responsible for planning and coordinating the implementation of control activities.

STH and SCH are prevalent throughout the 128 districts of Mozambique; some districts are further defined by treatment areas, or implementation units (IUs). There are approximately 142 district/treatment areas, including 10 that are considered urban centers. More than 75% of treatment areas are co-endemic for LF, SCH, and STH. Trachoma is also co-endemic with other NTDs, however very few provinces have been completely mapped. OV is considered hypo-endemic in the country and not targeted for MDA; an elimination strategy is being considered for OV.

### TECHNICAL OBJECTIVES FOR WORK PLAN YEAR

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- Support training needs at central, provincial and district level for NTD related activities
- Strengthen Drug Supply Management system
- Assist in the development and implementation of an NTD National Steering Committee
- Provide support in the development of the National NTD Master plan
- Support planning for trachoma MDA in Niassa Province
- Support planning and development of trachoma mapping activities in 2 Provinces: Cabo Delgado and Zambezia.
- Procure PZQ to support SCORE Project study site in 10 districts of Cabo Delgado
- Support reproduction of tally sheets for IVM and PZQ for MDA
- Provide travel support to national NTD M&E Officer to attend WHO AFRO M&E training in Harare.
- Improve management and monitoring of NTD program data

### MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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- Established strong working relationships with the Mozambique Eye Care Coalition (MECC) providing a platform to share information, updates, progress and ways in which we can work together in the area of eye care in Mozambique
- An NTD Stakeholders meeting was held in Maputo in May 2012, bringing together the main stakeholders, including representatives from USAID, WHO, Sightsavers, HKI, the Children's

Investment Fund Foundation (CIFF), CNTD and SCI; as well as Ministry of Health officials, representatives of the government departments/services: water and sanitation, education etc.

- A Trachoma MDA strategic meeting took place in Niassa to plan for the launching of the first Mass Distribution of medicines for Trachoma (Zithromax and tetracycline), advocacy, social mobilization, trainings, drug transportation, data collection and supervision
- Established working relationship between RTI and DPS Niassa which will help the process of delivering FOG funds and coordinating the MDA in April 2013
- Seconded Logistician to support drug supply management with the MoH NTD team
- Developed terms of Fixed Obligation Grant (FOG) for MDA in Niassa Province
- Procured 650,000 tablets of PZQ to support SCORE Project study site in 10 districts of Cabo Delgado
- Reproduced 20,000 copies of tally sheets for IVM and PZQ for MDA
- Introduced TIPAC during a 2 week training.
- Initiated a task order with SSI to carry out trachoma mapping in Cabo Delgado and Zambezia, to start in October 2012
- Worked with the MOH to quantify TEO needs for trachoma mapping and treatment for FY13; submitted TEO application for review by ENVISION HQ

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- Delays in finalizing the MoH National Master Plan.

## NEXT STEPS

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- Work closely with the MOH and partners on the ITI Zithromax supply chain audit in November
- Work with the MOH to prioritize activities for 2013 and provide a budget for these activities
- Support and encourage the MOH to update TIPAC tool in the upcoming year
- Continue to work closely with DPS Niassa in preparation for the MDA to take place in April 2013
- Support MoH to develop terms of reference for and to lead a NTD National Steering Committee
- Monitor the completion of trachoma mapping by SSI
- Work with MoH to develop a rollout plan to complete trachoma mapping by 2014
- Support MoH financially and logistically in organizing NTD quarterly meetings
- Support MoH in reproducing updated IEC materials about NTDs for all provinces
- Provide support to the MECC by hosting meetings and actively participating as a MECC member
- Work closely with MOH and CNTD on creating an integrated register
- Provide Mozambique NTD information for @RTIfightsNTDs

## NEPAL

ENVISION Resident Program Advisor: Mr. Dharmpal Prasad Raman (RTI)

Reporting Period: October 2011 – September 2012

### BACKGROUND

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Nepal is endemic for three of the targeted NTDs: LF, trachoma, and STH. The Government of Nepal initiated LF elimination activities for LF in 2003 and STH control program for school age children of grade 1-5 in 2008. The trachoma elimination program started in 2005 by Nepal Netra Jyoti Sangh (NNJS) through its National Trachoma Program (NTP) with support from ITI. In 2010, the Government of Nepal approved a “Plan of Action for Neglected Diseases in Nepal: an Integrated National Control Program,” focusing on diseases controlled by preventive chemotherapy as a joint effort between the Ministry of Health and Population (MoHP) and the Ministry of Education (MoE) to eliminate and control these diseases. This integrated control program is supported by a group of collaborating partners including the WHO, RTI, CNTD, MDP, and ITI.

Nepal’s LF and trachoma elimination and STH control programs follow the WHO recommended strategies. LF-endemic districts are treated with DEC and ALB for up to 6 years of consecutive MDA; the SAFE strategy is implemented for a minimum of 3 years; and STH is treated through twice a year de-worming of school-aged children with ALB. Program activities are at different stages in each district depending on the year programs were initiated. In 2012, Nepal achieved national coverage for trachoma and STH for school-aged children in grades 1-10 in all public schools and reached 46 of 60 LF-endemic districts. There is plan in place to achieve national coverage for LF by year 2013. In 2011 Nepal conducted TAS in five districts which has completed 5 rounds of LF MDA and prevalence in all five districts were found below cut off point. As a result, LF MDA has been stopped in these 5 districts. Similarly, by the end of this reporting period trachoma impact surveys were conducted in 16 of 19 endemic districts, all of which were eligible to stop MDA at the district level.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Support and participate in NTD Steering Committee & Technical Working Group meetings
- Support regional level LF MDA planning and interaction meetings
- Fund district level planning meetings and training of trainers (TOT)
- Fund mass media mobilization for NTDs
- Print and transport training and IEC materials to NTD program districts
- Support district, municipality and village development committee level interactions for NTDs
- Support and supervise MDA in NTD program districts
- Fund supervision from center, regions and districts to monitor activities in NTDs program districts
- Support training of health workers, teachers and CDDs for NTDs
- Support LF remapping in 3 districts
- Support LF TAS eligibility surveys in 16 districts
- Support trachoma impact surveys in 7 districts

## MAJOR ACCOMPLISHMENTS DURING THIS REPORTING PERIOD

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- Worked with MoHP/DoHS and stakeholders to conduct NTD Steering Committee and Technical Working Group meetings
- Supported and participated in an STH de-worming orientation workshop.
- Completed district level planning and TOT in one trachoma district and 3 STH districts.
- Printed and delivered training/IEC materials and reporting forms to 4 STH districts treating SAC.
- Supported MDA activities for trachoma in 1 district.
- Provided training in support of the trachoma and STH MDAs.
- Embedded the ENVISION M&E Officer in the MOH to support the NTD focal person (Director General).
- Completed LF remapping in 3 districts; Gulmi, Darchula, and Khotang.
- Completed TAS eligibility surveys in 16 districts.
- Trachoma impact survey completed in 4 districts.
- The M&E Officer is now managing an Excel database for 3 NTDs.

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- The NTD secretariat has not yet been established and there is no designated national coordinator for the three NTD programs which are currently being implemented by three different authorities. This imposes limitations on effective coordination and implementation of integrated activities.
- Eye care services have not yet been incorporated in the GoN health delivery system and continue to be provided by an NGO.
- Timely disbursement and management of funds are a challenge in mountain and hilly districts requiring more travel days.
- Current strategies of LF MDA are not completely effective at reaching urban populations and educated people. Following the LF MDA, a decrease in coverage among these groups was noted.
- TIPAC is not yet incorporated into government financial and planning systems.

## NEXT STEPS

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- ENVISION will work with the MOH Director General (NTD focal point) and NTD stakeholders to update the TIPAC for 2013
- MDA Review meetings are planned in November-December 2012.
- Steering committee meetings are planned in October 2012 and April 2013
- Technical Working Group Meetings are planned in November 2012 and Feb, May, August 2013
- Baseline surveys for LF will be conducted in at least 9 districts in December 2012
- An STH survey will be conducted in 4 districts in Feb-March 2013 to discern prevalence and intensity following multiple rounds of MDA.
- TAS is planned in 16 districts in July-August 2013
- ENVISION will support the NTP to map for trachoma in 8 districts, re-map in 6 districts, and conduct an impact survey in 1 district starting in November 2012
- ENVISION will support LF, STH, and trachoma MDA activities (Dates to be decided with Government authorities)

## SENEGAL

ENVISION Resident Program Advisor: TBD

Reporting Period: Apr 1-Sept 30, 2012

### BACKGROUND

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Senegal is endemic for all seven of the targeted NTDs: LF (50 districts), onchocerciasis (8 districts), SCH (59 districts), STH (76 districts), and trachoma (9 districts). NTD control and elimination programs are supported by a number of partners in Senegal. The Organization for the Development of the Senegal River (OMVS), an intergovernmental organization including Guinea, Mali, Mauritania and Senegal is implementing an Integrated Water Resources Management Project in several locations in Senegal (Louga, Saint Louis, Matam, Tambacounda and Kédougou). This project includes MDA of PZQ and ALB in coordination with the distribution of treated bednets. USAID/Senegal supports NTD control in as part of the bilateral project, Programme Santé Santé Communautaire II (PSSC II, 2011-2016), which is led by ChildFund with partners Africare, CRS, Plan, ENDA Sahel, ENDA, and World Vision. PSSC II proposes to incorporate MDA for NTDs into a community health service package.

Senegal's Strategic Plan for NTD Control (2011-2015) includes PCT, morbidity management, prevention, and surveillance. PCT has already been conducted for individual diseases in five regions. In Tambacounda, an integrated approach, jointly addressing LF, onchocerciasis, and STH, has been implemented since 2007. Since 2005, children under 5 have been dewormed twice a year with MBD on Child Survival Days, organized by the MOH and the Ministry of Education. MDA for Trachoma began in selected districts in 2005, but was not implemented in 2007, and only partially implemented in 2008 and 2009, due to insufficient resources.

### TECHNICAL OBJECTIVES

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- Travel to meet with the MOH, USAID/Senegal, and NTD partners working in Senegal
- Prepare a plan for ENVISION support

### MAJOR ACCOMPLISHMENTS

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- In May 2012, Lisa Rotondo, Achille Kabore, and Emily Wainwright, USAID/Washington met with MOH NTD Program, USAID/Senegal, WHO/Senegal, and the NGO consortium led by ChildFund. Area for technical assistance identified during the trip include the following: strengthening central coordination, greater coordination of partner contributions, mapping of SCH and Trachoma, assessment of backlogs in LF morbidity and trichiasis, strengthening of M&E, and TA for LF TAS and post-MDA coverage surveys. Also noted were serious challenges with program implementation and reporting presented by health workers' strikes
- In August 2012, Achille Kabore made another visit to Senegal to participate in 3-day MOH workshop focused on annual NTD work-planning organized by the MOH. He interviewed candidates for ENVISION Resident Program Advisor position and worked with USAID/Senegal and partners to clarify the nature of support that can be provided by ENVISION
- Provided technical assistance, for development of a protocol for sentinel sites for SCH, and in work planning for 2013 (see Aug 2012 trip, above)



- Ordered 10 Kato Katz kits, for detection of SCH/STH, for use by Senegal's MOH. USAID/Senegal received the kits in Sept
- Starting in June 2012, conducted monthly conference calls with USAID/Washington, USAID/Senegal and ChildFund discussing collaboration in support of NTD control in Senegal
- Hired Daniel Cohn to serve as NTD Advisor for Senegal
- Began procurement process for tetracycline eye ointment to be used by the Senegal Trachoma Control program

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- N/A (activities are slated to be launched formally in FY13)

## NEXT STEPS

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- Participate in upcoming meetings with MOH and partners, to determine how best to support the MOH NTD program in achieving its objectives
- Develop and finalize a work plan for FY13, and support ChildFund in developing its own work plan using the ENVISION template
- Support the MOH, USAID/Senegal, and the ChildFund NGO consortium in completing and maintaining ENVISION disease workbooks
- Support the MOH in procurement of commodities as appropriate

## TANZANIA

ENVISION Resident Program Advisor: Dr. Damas Deogratias (IMA)

Reporting Period: April to September 2012

### BACKGROUND

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Several NTDs are endemic in Tanzania, the 5 most common are LF, onchocerciasis, SCH, STH and trachoma. A large portion of the population is at risk for 2 or more of these diseases.

In 2004, the Ministry of Health and Welfare (MOHSW) began discussions on how to integrate the 5 vertical disease programs and activities in regions where the diseases overlap. Integration activities began in Tanzania in 2004, when MDA for LF was combined with the onchocerciasis program's Community Directed Treatment with IVM (CDTI) approach in the Tanga region. In 2010, funding from USAID's NTD Control Program allowed the Tanzania NTD Control Program (TZNTDCP) to plan for integrated disease control and elimination, with the ultimate goal of scale-up to national MDA coverage of all endemic areas in Tanzania.

In 2012, the TZNTDCP completed the Strategic Master Plan for 2012-2017 which outlines the needs for all aspects of the NTDCP. According to the plan, the TZNTDCP is working towards eliminating LF and trachoma and controlling SCH, STH, and onchocerciasis. TZNTDCP is in the process of determining TAS eligibility in three regions (Lindi, Mtwara, and Pwani) where five or more rounds of LF treatment have been implemented. Trachoma impact surveys are planned for 10 districts in 2012-2013. Once all districts have been fully mapped, the SAFE strategy will be implemented where warranted. To date, onchocerciasis control is ongoing in all meso- and hyper-endemic communities in the 19 endemic districts. Treatment of STH and SCH endemic communities is carried out according to WHO guidelines, and STH sentinel sites have been established in conjunction with those for LF.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Support scale up of MDA activities to an additional region (Manyara)
- Support MDA in the seven regions of Lindi, Mtwara, Coastal, Rukwa, Tabora, Singida, and Dodoma for LF, STH, schistosomiasis, and trachoma
- Support, facilitate, and supervise advocacy and regional trainings in 8 regions and sensitize communities on NTDs and MDA related activities.
- Build and strengthen capacity of national, regional, and district health management teams in the integrated NTD approach through training and supportive supervision,
- Conduct training and mapping exercises in 6 districts for trachoma
- Establish sentinel/spot check sites in Manyara and Tabora regions
- Conduct coverage surveys in 3 districts to confirm coverage rates and explore reasons for non-compliance
- Develop a central level NTD database
- Second three IMA staff to the MOHSW (M&E, drug management, finance/admin) to strengthen and build capacity at central level

## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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- Completed advocacy meetings at the central, regional, and district level in all program districts and regions
- Trained regional, district, and front-line health workers, teachers, zonal coordinators, and CDDs to implement NTD activities
- With the support from a TAF consultant, trained teams to conduct trachoma baseline mapping and impact surveys for 13 districts.
- Completed trachoma baseline mapping in 6 districts
- Completed coverage surveys in 6 districts
- Established 12 sentinel/spot check sites: 8 community- and 4 school-based
- Used mobile phones for data capture during sentinel/spot check sites data collection
- Finalized Tanzania NTD Master plan, which was endorsed by the MOHSW

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- MDAs were delayed due to drug delays, the Ramadan holiday, and implementation of a new accounting system in all districts. IMA worked with MOHSW at all levels to develop a new timeline for activities and kept RTI updated with weekly status updates. Additionally, IMA sent letters to local government officials to expedite the use of the new accounting system, allowing districts to utilize funds within the prescribed time frame
- Delay in trachoma mapping activities due to discussions regarding the trachoma mapping and impact survey protocols and budget. IMA worked in collaboration with RTI, central MOH, the TAF consultant, and partners to facilitate completion and agreement of all documents.
- Due to the close out of USAID NTDCP activities and transition into ENVISION activities, receipt of funds was delayed causing challenges at the country level to implement activities as planned. IMA and RTI worked together to resolve these issues.

## NEXT STEPS

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- Work with NTD Program Coordinator to update the TIPAC for the 2013 program year
- Support presentations by the TZNTDCP at the American Society for Tropical Medicine and Hygiene. TZNTDCP officials will present in 3 sessions in November 2012
- Continue to implement the CDTI and school-based distribution method in 9 regions in FY 2013/PY2.
- Work with partners to complete trachoma mapping in Tanzania
- Establish 6 total sentinel/spot check sites in Mtwara, Lindi, and Coastal regions
- Conduct trachoma impact assessments in 7 districts
- Conduct coverage surveys in 10 districts to validate coverage and explore reasons for non-compliance
- Enhance M&E through additional training of personnel and completion of NTD database

## UGANDA

ENVISION Resident Program Advisor: Dr. Ambrose Onapa (RTI)

Reporting Period: April 1, 2012 – September 30, 2012

### BACKGROUND

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Uganda is endemic for all USAID-targeted NTDs: LF, OV, SCH, STH and trachoma. The country is currently divided into 112 districts across four administrative regions. However, within districts the diseases are not uniformly co-endemic, resulting in a complex map of NTD prevalence and an integrated program with a very challenging planning process. The disease specific programs within the Vector Control Division of the MoH have successfully integrated to form a coalition to control and eliminate targeted NTDs as efficiently as possible. NTD control has effectively become part of the Uganda National Minimum Health Care Package as highlighted in the Health Sector Strategic and Investment Plan.

Uganda's implementation model is distinct in that it integrates with other public health programs in addition to integrating the NTD disease-specific programs. This creates a more rigid implementation timeline and additional challenges for successful collaboration, including ensuring that donated drugs arrive in time for co-administration, navigating the specialized needs of the disease-specific programs, and operating in areas suffering from natural disaster and civil unrest. With support from USAID, the Uganda National NTD Program has geographically scaled up treatment to reach national coverage from 46 districts in FY 2008 to 81 districts in FY 2012. All mapping has been completed, with the exception of 6 districts which will be mapped for trachoma in FY13.

### TECHNICAL OBJECTIVES FOR WORK PLAN YEAR

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- Strengthen collaboration and coordination with other NGOs through strategic planning meetings so as to promote synergy and cost efficiency
- Support the treatment of approximately 15 million people with at least one drug package in 81 districts; LF MDA in 54 districts; OV MDA in 28 districts (including LF endemic districts); SCH MDA in 43 districts; STH MDA in 81 districts; and trachoma MDA in 35 districts
- Complete an NTD Advocacy Plan and NTD Communication Strategy
- Consolidate vertical NTD databases into one national system; update system
- Improve the timeliness and completeness of MDA reporting from community level to national level
- Establish a regular mechanism for completing M&E activities in endemic areas
- Complete disease assessments in eligible districts for LF, SCH and trachoma

### MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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- Supported pre-MDA activities (community mobilization, training, IEC materials production) which commenced in May 2012
- The NTD Secretariat has finalized an organogram and coordination mechanism for the national NTD Control Program which contributes to the overall development of a management structure in NTDs for Uganda
- Supported the launch of the integrated control of nodding disease, OV, trachoma, LF and STH by H.E. The President of Uganda, Y.K. Museveni attended by several Ministers, WHO Uganda

Representative, RTI/ENVISION, Sightsavers, TCC, local NGOs, and national and district level politicians. The President pledged to eliminate these ancient diseases through MDA and vector control in Uganda. The MoH has set aside funds for onchocerciasis vector prospection and, later this year, the National Onchocerciasis Control Program (NOCP) will increase its efforts for vector control by using aerial spraying and ground larviciding

- Regional review and planning workshops were held in the four regions (Mbarara, Masaka, Mbale, and Gulu) from August 13-17, 2012
- A three day national work planning meeting was organized and held in Entebbe. It was the first time NMS, MoES, SS and TCC attended and fully participated in NTD/ENVISION planning meetings contributing to integrated planning for future NTD control and elimination activities
- An integrated register and tally sheet have been developed and accepted by all major NTD partners
- Trachoma mapping was completed in 2 districts of north western Uganda (Adjumani and Yumbe)
- With ITI, the program sponsored a media training for NTD technical staff. A similar training was held for journalists from local and international media houses based in Kampala to provide an introduction to NTDs and the current situation in Uganda
- ENVISION secured and shifted to a new office space located just across the street from the Vector Control Division
- Instituted 38 district Fixed Obligation Grants (FOGs) for the April 2012 MDA round

## CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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- Fourteen districts were unable to complete MDAs during the assigned distribution period due to delayed drugs, delayed release of funds from districts, and school holidays; These districts will complete with the October 2012 round of implementing districts
- Multiplicity of health interventions coinciding with MDA activities, including HPV vaccinations, vector prospection in nodding syndrome / onchocerciasis affected districts, malaria vector activities – insecticide residual spraying, insecticide treated net distributions, and training. Better planning and coordination by the district health teams, NTD Secretariat and partners are needed
- Late delivery or incorrect amounts or no delivery of drugs remains a serious constraint despite several delegations to National Medical Stores to discuss delays
- There is a shortage of transportation for Focal Persons in several of the newly created districts as these districts often receive less start-up support from the central MoH
- The rainy season caused several of the roads and bridges to be flooded and destroyed cutting off access to towns and some districts. The most affected areas were the Karamoja districts in North eastern Uganda (Abim, Amudat, Kaabong, Kotido, Moroto, Nakapiripirit, Napak). In the future, efforts will be made to implement all activities in April and October before the heavy rains

## NEXT STEPS

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- Collection of balance of drugs from district which have already completed MDAs
- Delivery of drugs, registers, IEC materials to October and April 2013 districts
- Support districts to carry out MDAs in 27 districts
- Complete trachoma mapping in the remaining 4 districts (one in the north and 3 in the east)
- Examine trachoma treatment data in six eastern districts neighboring known trachoma endemic districts to determine whether they also require to be mapped

- Complete communication strategy document and hand book for high level advocacy
- Procurement of integrated registers and tally sheets for use in April 2013
- Training of local NTD Consultant Advisors who will be based in the regions carrying out support supervision with a focus on data compilation
- Conduct data quality assessments and data compilation support supervision
- Conduct coverage surveys in poorly performing districts
- Procurement of Kato- Katz kits, ICT cards, TEO
- Support National Programs to conduct impact assessments and sentinel site surveys
- Carry out intensified support supervision in all targeted districts
- Support National Programs to assess the magnitude of chronic manifestations and their management needs (hydrocelectomies, trichiasis surgeries, lymphoedema)
- Procurement of motorcycles for 30 districts

## ENVISION M&E SYSTEM AND FRAMEWORK

During the second half of Year 1, ENVISION continued the development of an enhanced M&E system to reflect global developments in disease-specific guidelines, to reflect USAID's enhanced monitoring and evaluation strategy, and to incorporate feedback and experiences from the M&E and data collection forms used under the USAID NTD Control Program. ENVISION's M&E system comprises data acquisition tools, a web-based M&E database, and a Performance Monitoring Plan (PMP).

### DISEASE WORKBOOK

The Disease Workbook was developed during Year 1 to capture disease-specific data at the district level, including disease distribution, historical MDA information, and MDA coverage (both with USAID and all funding), with pre-populated demographic information for each disease. Each Workbook tab should be filled in by the ENVISION Resident Program Advisor (or equivalent), in close collaboration with the national NTD program staff, during Work Planning and then updated during the Semi-Annual Reporting periods. Since the forms capture information for all the districts in a country, rather than just the USAID-supported districts, the Disease Workbook provides a description of the NTD achievements and gaps across the entire country. Resident Program Advisors and ENVISION staff are able to clearly identify both high-performing districts as well as districts that may need additional financial and/or technical resources. The data also guide decisions around future disease-specific assessments such as Transmission Assessment Surveys (TAS), and serve to inform projections for progress towards elimination.

ENVISION shared the Disease Workbook and accompanying Instructions with in-country partners for feedback and completion in countries supported by ENVISION, END in Africa, and END in Asia during the second half of Year 1.

### PROGRAM WORKBOOK

ENVISION developed the Program Workbook during Year 1 to report program-specific data, capturing country-level results achieved with USAID and other partners' support. The Workbook collects data on training conducted with USAID support, M&E activities, drug and other donations, and SAEs. National-level MDA data for each disease should also be provided for both the calendar year and the US Government fiscal year, in order to measure national coverage with all funding. The Program Workbook also captures process indicators that reflect implementation of best practices for rolling-out national integrated NTD programs, and snapshots of the activities, diseases, and districts supported through USAID. The Workbook should be filled in by the Resident Program Advisor (or equivalent) in close collaboration with the national NTD program staff during Work Planning and then updated during the Semi-Annual Reporting periods.

During the second half of Year 1, the Program Workbook and accompanying Instructions were shared with in-country partners for feedback and completion in countries supported by ENVISION, and END in Africa.

### END IN ASIA WORKBOOK

In order to capture the context and activities specific to USAID's END in Asia project, ENVISION developed the END in Asia Workbook during Year 1. This Workbook collects national-level disease distribution, national-level MDA results for the calendar and US Government fiscal year, projections for TAS

and trachoma impact survey implementation, and mapping activities. Similar to the Program Workbook, the END in Asia Workbook also collects data on training conducted with USAID support, M&E activities, drug and other donations, and SAEs. This Workbook also captures process indicators that reflect implementation of best practices for rolling-out national integrated NTD programs, and snapshots of the activities, diseases, and districts supported through USAID.

The END in Asia Workbook and accompanying Instructions were shared during the second half of Year 1 with the END in Asia team for feedback and completion for END in Asia countries.

## **DISEASE-SPECIFIC ASSESSMENT FORMS**

In order to capture results from disease-specific assessments (DSA) conducted with USAID support, ENVISION has developed forms for reporting results of LF sentinel and spot-check site surveys, TAS, oncho epidemiological assessments, schisto and STH sentinel site surveys, and trachoma impact surveys. These will be finalized and shared with partners in Year 2.

## **USAID'S NTD DATABASE, MANAGED BY ENVISION**

During the second half of Year 1, ENVISION's M&E team continued the development of USAID's NTD database, which will be managed by ENVISION. All USAID-supported NTD data will be stored online in this secured platform. The online database is equipped with different levels of permissions for uploading and viewing data, approving data, and receiving notifications for countries supported through the ENVISION, END in Africa, END in Asia, and USAID-supported APOC projects. Sub-partners, Ministries of Health, RTI International, FHI 360, APOC, USAID, WHO, and the drug donation programs will have defined access to specified country data. Generic reports highlighting USAID support and achievements in countries will be developed and made available to public on the ENVISION project website, [www.NTDenvision.org](http://www.NTDenvision.org).

**Important Note:** All national program and epidemiological data collected by ENVISION is reported and analyzed through USAID's NTD Database, managed by ENVISION. This database is designed to track progress towards control and elimination targets over the life of the project in countries supported by USAID. Data is updated semi-annually but analyzed on an annual basis, since full year activities more accurately reflect the cycle of all NTD control and elimination activities led by national NTD programs and supported by USAID each year.

## **PERFORMANCE MONITORING PLAN**

During the second half of the year, ENVISION's M&E team continued developing the Performance Monitoring Plan (PMP) in line with USAID's enhanced M&E strategy in order to monitor and document program performance and results. The PMP compiles the recent advances in global guidelines development for integrated NTD control with the lessons learned and best practices identified through six years of implementation of the USAID-funded NTD Control Program. The Plan incorporates M&E of both country- and overall project-level implementation for NTD control and elimination efforts, and should be viewed as a dynamic document to be frequently updated as further advances are made in global policy and in line with program evolution. The M&E Results Framework is provided in Appendix B.

In addition to developing the enhanced M&E system, ENVISION provided review and feedback of data for all USAID-supported mechanisms, including ENVISION, END in Africa, and END in Asia. ENVISION's



M&E team also provided ongoing technical assistance to the USAID NTD Team Strategy regarding various Agency reporting requirements, and supported USAID staff with agency reporting. FY12 results for USAID supported NTD programs are provided in Appendix C.

